Intelicode 14
User Manual

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Intelicode

Version 14 User Manual

Thank you for choosing Intelicode! Whether you are new to Intelicode or have used it in the past, the following sections will help you get Intelicode installed on your computer and ready for use.

Intelicode

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Printed: March 2015

Publisher

Technology Solutions, Inc.

Special thanks to:

All the people who contributed to this document, the Intelicode Sales and Support staff, and all of our customers.

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Foreword

Designed by Auditing Experts,
Intelicode® is the most trusted
software of its kind.

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1 Introduction

Thank you for choosing INTELICODE®! We appreciate the fact that you have placed your trust in us. Since the early days of our first product in 1998, Intelicode has become and remains the number one software for auditing, validating, and teaching Evaluation and Management Services (E&M).

If you are new to Intelicode, you are in for a pleasant surprise! If you have been already using Intelicode, you know how valuable this tool is. We trust that you will find the many enhancements and new features to be a great benefit to you and your work.

Intelicode is ideal for auditing or reviewing services for CMS compliance. Many are using Intelicode as a "coding and auditing tool" to monitor and validate charges prior to submission. Others find this program to be ideally suited for training purposes.

Countless professionals rely upon Intelicode for consistency, reliability, and credibility for their encounter reviews, education, appeals, and expert witness testimony.

We are pleased that you have chosen Intelicode! We invite you to call us with questions, comments, or suggestions on how we can continue to deliver an excellent product.

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Thank you,

TSI - Makers of INTELICODE® products

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1.1 Features

Basic Features of INTELICODE®

- **Easy to use -** Intelicode has a familiar look and feel to the paper audit forms you are used to using.
- **Produces a "running tally" -** Intelicode starts calculating from the moment you start entering information.
- **Adheres to both CMS '95 and '97 Guidelines -** CMS has instructed payors to use whichever set of guidelines is most favorable to the provider. Intelicode makes this easy. You can use both '95 and '97 exams and Intelicode will save the highest level if you prefer.
- **Visit archive -** Intelicode "archives" or stores visits that have been "edited".
- **Dynamic Reporting -** A growing selection of reports that improve your productivity and save you time. Customizable "Audit Summary" and "Custom Provider Accuracy" reports allow you to decide which data and the order it appears in the report. Intelicode reporting offers you more options and more flexibility than ever!
- **Point System -** Intelicode now includes the ability to assign a point value to each variance level. There are also points to assign for the Note Macros via the Note Macros Management Screen, Errors for

Diagnosis via Per Diagnosis or per Encounter, and Errors for Procedures via Per Procedure or Per Encounter, along with Teaching Physician (TP) and Incident To (IT). The point system will track the degree of accuracy your providers obtain due to their respective visits.

- **Simultaneous use of Multiple Offices -** You will now be able to query, sort, and run reports for data from multiple offices simultaneously!
- **SQL Server -** Intelicode allows you to store your data in Microsoft SQL Server giving your organization more flexibility.
- **Audit Prep Screen -** Get a head start on your audits with the Audit Prep Screen. There you can enter and save information about a visit prior to actually starting the audit. When you are ready to audit the visit, simply select the audit prep that you had saved and the information will automatically fill in the appropriate fields.
- **Management Screen -** The "Utilities" menu is now called "Management". Enjoy the new "Management" screen where you will be able to add, delete, and update data from various tables.
- **Import and Export Data -** The Management screen now includes the new ability to import data from an existing Excel spreadsheet or CSV (comma separated) file and export data to a CSV file.
- **Preferences -** With Intelicode also comes the introduction of the "Preferences" screen whereby you can set your default exam type, your method (code or description) by which you will enter diagnosis codes and CPT codes, and more.
- **Office Tools -** You can now access tools for repairing, importing,

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and exporting offices/departments.

Enhanced features of INTELICODE® Pro and P.A.T.H.

- **Stand-alone or network -** Intelicode runs locally, yet allows you to network data. If you need to be mobile, simply copy the data to your local drive and go!
- **Supports multiple "offices" (i.e. databases) -** If you have multiple sites, departments, or clients, Intelicode allows you to maintain as many as you wish. Now, with Intelicode you can even work with multiple offices simultaneously!
- **Copy and Send Data -** Intelicode allows you to copy and send patients, providers, diagnosis codes, note macros, etc. from one office to another.

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1.2 What's New in Intelicode?

Our newest features and enhancements include:

- **New History Screens -** We have 2 more History “Screens” that you might see when you do either an IPPE or an Annual Wellness Visit. These History "Screens" will show the proper elements for you to select and only has a Comprehensive level. Any elements selected will show on the Encounter Detail Report.
- **InteliCurve -** Compare providers to the national data, compare provider to provider, or both. You can print a Bell Curve Report that

will have all the lists you select, up to 5 in one report.

- **InteliNote -** Allows you attach a document or image with elements to visits and reports.

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1.3 License Agreement

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15.2 *Termination for Breach.* Each party will have the right to terminate this Agreement if the other party breaches any material term of this Agreement, including but not limited to nonpayment, and fails to cure such breach within thirty (30) days after written notice thereof.

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17.2 *Governing Law and Jurisdiction.* This Agreement will be governed by and construed in accordance with the laws of the State of Indiana without application of conflict of laws principles. The parties specifically disclaim the UN Convention on Contracts for the International Sale of Goods.

17.3 *Severability.* If for any reason a court of competent jurisdiction finds any provision of this Agreement invalid or unenforceable, that provision of the Agreement will be

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17.4 *Waiver.* The failure by either party to enforce any provision of this Agreement will not constitute a waiver of future enforcement of that or any other provision.

17.6 *Force Majeure.* Neither party will be responsible for any failure or delay in its performance due to causes beyond its reasonable control, including but not limited to, labor disputes, strikes, lockouts, shortages of or inability to obtain labor, but excluding any of the foregoing as they relate to Licensor labor or employees; shortages of or inability to obtain energy, raw materials or supplies, war, riot, act of God or governmental action.

17.7 *Relationship of Parties.* The parties to this Agreement are independent contractors and this Agreement will not establish any relationship of partnership, joint venture, employment, franchise, or agency between the parties.

17.9 *Non-Solicitation/Non-Hire.* The parties acknowledge that soliciting and hiring each others employees may have a material adverse effect on the parties' on-going relationship. For a period of three (3) years from the Effective Date and so long as Licensee is receiving Support Services from Licensor and for one (1) year thereafter, neither party will directly or indirectly recruit, solicit, or hire any employee(s) or ex-employee(s) of the other party. Each party's sole remedy in the event of a breach of this paragraph of the Agreement shall

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be limited to injunctive relief only.

17.10 *Entire Agreement.* This Agreement, including all referenced Schedules, appendices, exhibits and attachments attached hereto or referred to herein, contains the complete understanding and agreement of the parties with regard to its subject matter and supersedes all prior or contemporaneous agreements or understandings, oral or written, relating to the subject matter herein, including any Licensee purchase order or similar document. Any waiver, modification or amendment of any provision of this Agreement will be effective only if in writing and signed by duly authorized representatives of the parties.

EXHIBIT A

BUSINESS ASSOCIATE AGREEMENT

THIS BUSINESS ASSOCIATE AGREEMENT (this "Agreement") is made and entered into by and between Licensee, a HIPAA covered entity ("COVERED ENTITY") and Licensor, a HIPAA business associate (hereinafter called "TSI").

Recitals

1.COVERED ENTITY and TSI have entered into, and may in the future enter into, an End-User License Agreement for Intelicode ("Underlying Agreement") that will require TSI to perform, or to assist in the performance of, a function or activity or provides services of a type for COVERED ENTITY that qualifies TSI as a "TSI" for purposes of the Health Insurance Portability and Accountability Act of 1996 and the

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Privacy and Security Regulations promulgated thereunder in 45 CFR parts 160 and 164, as amended (the "Regulations").

2. Pursuant to the Underlying Agreement, COVERED ENTITY will disclose or otherwise make available certain PHI and other forms of nonpublic personal information ("PHI") to TSI in conjunction with the particular function, activity, or services to be performed or provided by TSI for or on behalf of COVERED ENTITY.

3. COVERED ENTITY and TSI desire to enter into an Agreement as required by the Regulations, as amended, to provide satisfactory assurances to COVERED ENTITY that TSI will appropriately safeguard that PHI.

Agreement

NOW THEREFORE, COVERED ENTITY and TSI agree as follows:

1. Definitions. All capitalized terms and phrases in this Agreement shall have the same meanings as defined by the Regulations, as amended by the Health Information Technology for Economic and Clinical Health ("HITECH") Act, and those regulations promulgated thereunder in 45 CFR parts 160 and 164, as amended (collectively the "Regulations").

2. Restriction on Use and Disclosure of PHI. Except as permitted or required by this Agreement or as Required by Law, TSI shall not access, create, use or further disclose any PHI hereunder.

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3. Authorized Uses and Disclosures. TSI is hereby authorized to use and disclose PHI but only in connection with the performance of the particular functions, activities or services set forth in the Underlying Agreement or as otherwise required by COVERED ENTITY, in writing, from time to time. TSI may use and disclose PHI for the proper management and administration of TSI or to carry out the legal responsibilities of TSI, provided: (1) the disclosure is required by law; or (2) TSI obtains reasonable assurances, in writing, from the person to whom the information is disclosed that it will be held confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person and the person will immediately notify the TSI of any instances of which it is aware in which the Privacy or Security of the PHI has been violated.

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(b) Reporting. TSI will report to COVERED ENTITY any

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Incident that TSI has reason to believe has or may have violated the Confidentiality, Integrity or Availability of PHI not more than four (4) business days after TSI learns of the Incident. Said report shall identify: (1) the nature of the Incident; (2) the PHI known to be the subject of the Incident; (3) the person(s) known to have information regarding the Incident; and (4) the corrective action that TSI took or will take to mitigate and/or correct any deleterious effect of the Incident. TSI shall submit a written report to COVERED ENTITY for review upon request.

(c) Agents, Contractors, and Subcontractors. TSI shall ensure that any agent, contractor, or subcontractor, to whom it provides PHI, agrees in writing to the same restrictions and conditions that apply to TSI under this Agreement.

(d) Resident's Access to Information. TSI shall act in a manner that permits COVERED ENTITY to provide Resident access to PHI in accordance with 45 CFR §164.524.

(e) Amendment of PHI. TSI shall act in a manner that permits COVERED ENTITY to amend PHI in accordance with 45 CFR §164.526.

(f) Accounting of Disclosures. TSI shall act in a manner that permits COVERED ENTITY to account for PHI disclosures in accordance with 42 CFR §164.528.

(g) COVERED ENTITYs, Books and Records. TSI shall make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received

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by TSI on behalf of COVERED ENTITY, available to the Secretary for the purpose of determining COVERED ENTITY's and/or TSI's compliance with the Regulations, as amended.

(h) Cure of Noncompliance. If COVERED ENTITY notifies TSI of an Incident or other pattern of activity or COVERED ENTITY of TSI which constitutes a material breach of this Agreement or the Regulations, as amended, TSI shall immediately take reasonable steps to end or otherwise cure the Incident or other breach of this Agreement.

(i) Mitigation. TSI shall take reasonable steps to mitigate, to the extent practicable, any harmful effect that is known to TSI or communicated to TSI by COVERED ENTITY of a use or disclosure of PHI in violation of TSI policies and procedures, this Agreement, or the Regulations; provided, however, that this provision shall not be deemed to permit or excuse any such violation.

(j) Legal Obligations. In the event TSI believes it has a legal obligation to disclose any PHI in TSI'S possession, including, but not limited to obligations that arise from the issuance of a subpoena or court order, TSI shall notify COVERED ENTITY as soon as reasonably practical after it learns of such obligation, and in any event within a time sufficiently in advance of the proposed release date such that COVERED ENTITY's rights and interests would not be prejudiced, as to the legal requirement pursuant to which it believes the PHI must be released. If COVERED ENTITY objects to the release of such PHI, TSI will allow COVERED ENTITY to

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exercise any legal rights or remedies which either COVERED ENTITY or TSI might have with respect to the release of the PHI, and TSI agrees to provide such assistance to COVERED ENTITY, at COVERED ENTITY's expense, as COVERED ENTITY may reasonably request in connection therewith.

(k) Return or Destruction of the PHI. Upon the termination of the business relationship between COVERED ENTITY and TSI, TSI will return to COVERED ENTITY, or, at COVERED ENTITY's direction, destroy, all PHI received from COVERED ENTITY that TSI maintains in any form, recorded on any medium, or stored in any storage system. TSI will complete such return or destruction as promptly as possible, but not later than 30 days after the effective date of the termination, cancellation, expiration or other conclusion of the business relationship. TSI will identify any recorded PHI, in TSI'S possession, that TSI created on behalf of COVERED ENTITY, or received in its role as TSI, that cannot feasibly be returned or destroyed to COVERED ENTITY, and will limit its further use of that PHI to those purposes that make return or destruction of that PHI infeasible. Within such 30 days, TSI will certify on oath in writing to COVERED ENTITY that such return has been completed, will deliver to COVERED ENTITY the identification of any PHI for which return is infeasible and, for that PHI, will certify that it will only use or disclose such PHI for those purposes that make return infeasible. TSI shall remain bound by the provisions of this Agreement, even after termination of any business relationship between COVERED ENTITY and TSI, until such time as all PHI has been returned to COVERED ENTITY, de-

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identified, or otherwise destroyed as provided in this section; provided that the parties understand and agree that certain unrecorded information cannot be returned, destroyed, or de-identified, so the TSI shall remain bound by the provisions of this Agreement so long as TSI possesses the PHI.

5. Term of this Agreement. This Agreement shall be effective when executed on behalf of both of the parties hereto and shall continue in full force and effect until terminated.

6. Termination

(a) Termination By Covered Entity. COVERED ENTITY may terminate the business relationship between COVERED ENTITY and TSI, including any Underlying Agreement or other arrangements or understandings, whether or not in writing, upon which the business relationship is based and such other agreements, arrangements or understandings are hereby amended to permit such termination, if COVERED ENTITY determines that TSI has violated a material term of this Agreement that cannot otherwise be cured by TSI.

(b) Termination By TSI. TSI may terminate the business relationship between COVERED ENTITY and TSI, including any Underlying Agreement or other arrangements or understandings, whether or not in writing, upon which the business relationship is based and such other agreements, arrangements or understandings are hereby amended to permit such termination, if TSI determines that COVERED ENTITY has violated a material term of this Agreement and/ or the Underlying Agreement that cannot otherwise be cured

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by COVERED ENTITY. Termination of the Underlying Agreement for whatever reason shall cause this Agreement to terminate automatically and TSI shall destroy any PHI of COVERED ENTITY in its possession or control.

7. Indemnification. TSI shall indemnify and hold COVERED ENTITY and each of its officers, employees, directors, agents and representatives ("Indemnified Persons") harmless from and against any and all claims, losses, costs, damages, or expenses, including reasonable attorneys' fees, that arise out of any actions or omissions by TSI, or its officers, employees, directors, agents or representatives, which result in a breach by TSI of this Agreement or the Regulations, as amended. Without limiting the foregoing, COVERED ENTITY shall give TSI prompt written notice of such claim, suit, or proceeding.

8. Notices. Any notices required or permitted to be given under this Agreement shall be in writing and shall be personally delivered or sent by facsimile or by certified or registered overnight mail, first class postage prepaid, return receipt requested, or by prepaid overnight delivery service such that proof of delivery will be obtained, and shall be addressed as set forth below or to such other address as may be specified in a prior written notice to the other party. Such notice shall be deemed to be given on the date it is hand delivered, faxed or deposited in the overnight mail, as stated above. A notice shall be deemed to have been given personally to a party if it is handed to the representative of the party to whom the notice must be addressed or if left at his or her office located at the street address to which a

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notice would be mailed.

9. Amendment. This Agreement may not be changed, modified, or amended except by a written agreement executed on behalf of each of the parties.

10. No Waiver. No waiver of one or more of the provisions of this Agreement or the failure to enforce any provision of this Agreement by either party shall be construed as a waiver of any subsequent breach of this Agreement, nor a waiver of the right at any time thereafter to require strict compliance with all of its terms.

11. Entire Agreement. This Agreement sets forth the entire agreement and understanding between the parties as to the matters contained in it, and supersedes all prior discussions, agreements, and understandings of every kind and nature between them.

12. Headings. The headings placed before the various paragraphs and subparagraphs of this Agreement are inserted for each of reference only, do not constitute a part of this Agreement, and shall not be used in any way whatsoever in the construction or interpretation of this Agreement.

13. Governing Law. This Agreement shall be construed and enforced in accordance with, and governed by, the laws of the state of Indiana without reference to the choice of laws principles thereof.

14. No Third Party Beneficiaries. This Agreement is to be

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effective only in regard to the rights and obligations of COVERED ENTITY and TSI to one another hereunder. It is expressly not the intent of the parties hereto to create any independent rights in any third party or to make any third party beneficiary to this Agreement and no privity of contract shall exist between third parties and each party hereto.

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2 Getting Started

Thank you for choosing Intelicode! Whether you are new to Intelicode or have used it in the past, the following sections will help you get Intelicode installed on your computer and ready for use. Find out the system requirements needed to install Intelicode whether locally or with an SQL Server, how to activate, login plus more.

2.1 System Requirements

Recommended System Requirements for Intelicode

Hardware

- CPU: 2.4-GHz or faster 64-bit (x64) processor
- Memory: 8+ GB RAM (64-bit)
- Available Disk Space: 240-MB hard disk space. 1.5-GB of free space is required during install.
- Additional storage for backups of data. Intelicode is not responsible for lost or stolen data.

Software

- Operating System: Windows 7 SP1 or Windows 8.1
- Microsoft Office 2010 or later
- Adobe Acrobat Reader latest version

Minimum System Requirements for Intelicode

Hardware

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- CPU: 1.8-gigahertz (GHz) 32-bit (x86) processor or faster or 1.8-GHz 64-bit (x64) processor
- Memory: 2 gigabyte (GB) RAM (32-bit) or 4 GB RAM (64-bit)
- Available Disk Space: 140-MB hard disk space. 1.5-GB of free space is required during install.
- Intelicode is not responsible for lost or stolen data.

Software

- Operating System: Windows Vista SP2, Windows 7 SP1, Windows 8.1
- Microsoft Word Viewer with Microsoft Office Compatibility Pack for Word installed(To view and print reports)

Optional Software:

- For Microsoft Excel import/export functionality: Microsoft Excel 2003 or later
- For viewing PDF exports: Microsoft Word 2007 or later AND Adobe Acrobat Reader XI or later (latest version recommended)
- For emailing: Microsoft Word 2007 or later, Microsoft Outlook 2007 or later, AND Adobe Acrobat Reader XI or later (latest version recommended)

NOTE: Wireless Connections are not supported and its use may potentially result in data loss.

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2.2 Installation

To download the free trial evaluation:

1. Go to either the Intelicode homepage or intelicode.com/products page and click the link to "Download a free trial".
2. Fill out the Required Fields and click Submit.
3. Download the installation file.
4. Locate the file on your system.
5. Close all programs.
6. Double-click on the file.
7. Follow the instructions on the dialog(s).

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2.3 Install with SQL Server

To install Intelicode for use with Microsoft SQL Server, you will need to:

1. Have Intelicode Pro or greater.
2. Have Microsoft SQL Server 2008 or greater, any version (not included).
3. If you need to install Microsoft SQL Server, you can find a manual here: intelicode.com/support. Here you can find the links for the

programs necessary and have a step-by-step walkthrough as well.

4. Have Microsoft SQL Server installed on your network server. A database will need to be created named "Office" and one named "Provided".

5. Configure your user access and permissions to those databases for the users that will access them. Write permission will be required.

6. Install Intelicode on a machine that will have network access to the SQL Server.

7. Start Intelicode and then at the **Login** click on the **Options** menu.

Login - [SQL Server]
Options
Welcome to Intelicode. Please log in.
User Name
Auditor, A
Password
Cancel
OK
CPT codes copyright 2014, American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

8. Select **Administrator Panel** from the menu. If you have not yet been into the **Administrator Panel**, it will prompt you to create and then verify the password into the two boxes.

9. If one box is present, then an administrator password has already been created, and you will have to enter the password that was previously created. Please contact your system administrator for assistance. (If the administrator panel password cannot be

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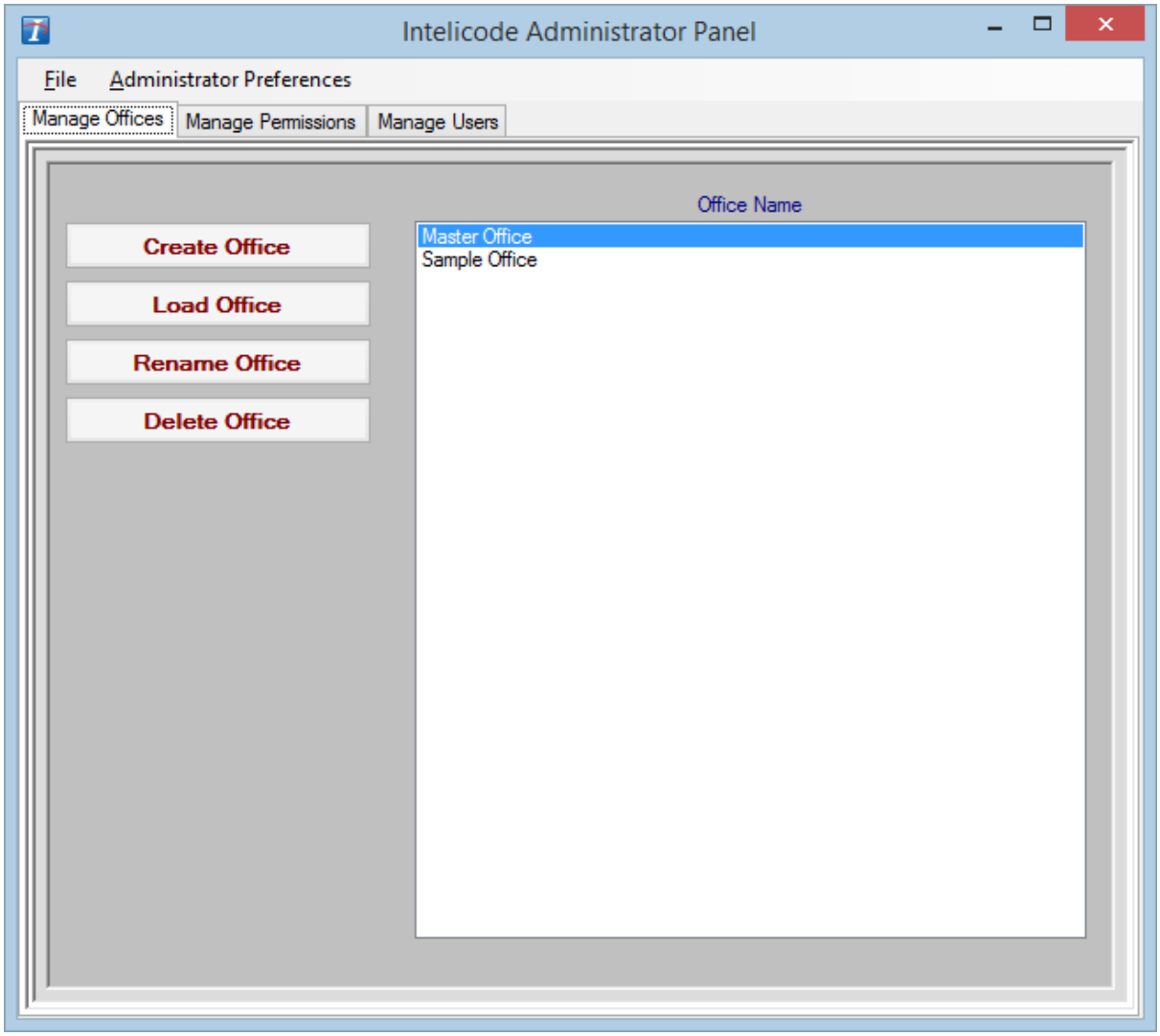
obtained, contact Intelicode Support. Password reset fees may apply.)

10. Once you have opened the **Administrator Panel**, click on the **File** menu and select **Connection Settings**.



11. Change the database type from "Local" to "SQL Server".

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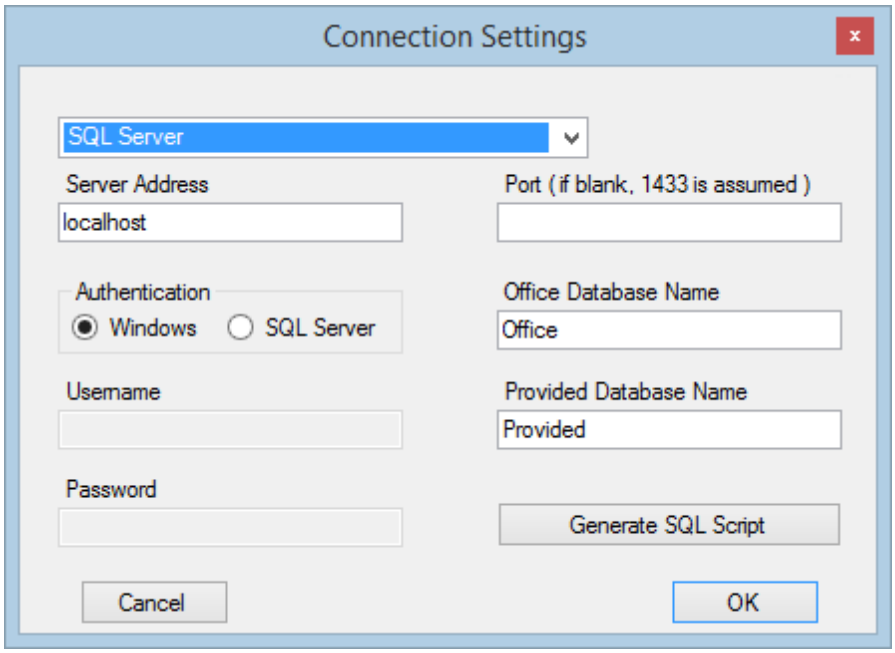

12. Enter the **Server Address** (hostname or IP Address) of your SQL Server and the **Port** if you have changed it from the default of 1433. If not, it may be left blank.

13. Select the type of **SQL Server Authentication**. If "SQL Server Authentication is used, you must enter the **Username** and **Password** for the SQL Server account.

14. In the **Office Database Name** box enter the name of the Office database you created on the SQL Server. For simplicity, "Office" is recommended.

15. In the **Provided Database Name**, enter the name of the "Provided" database from the SQL Server.

16. To populate the databases with the necessary data, you will then click the **Generate SQL Script** button. This will prompt you to save a script for the "Office" database and "Provided" database.

17. Once you have created the scripts, you will need to copy them

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to your SQL Server and then execute them against the databases on the server.

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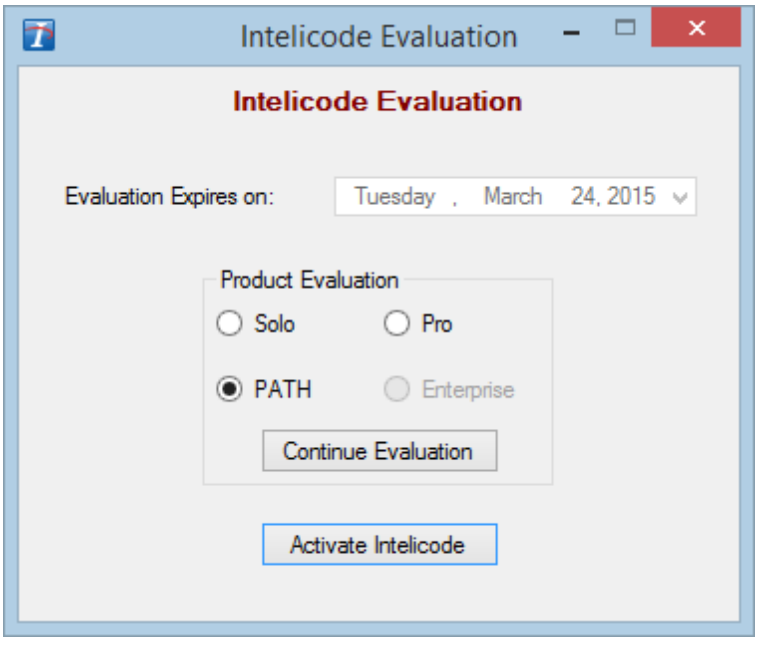
2.4 Activation

Once installation is complete, you should see an INTELICODE® icon on your desktop.

To start INTELICODE®:

1. Double-click the **INTELICODE®** icon OR from the **Start** menu, select **All Programs**, then find the **Intelicode** folder, click on it, then click **Intelicode**. A small window will pop up named **Intelicode Evaluation**.



2. If you are evaluating Intelicode, select your product and click Continue Evaluation. The "Evaluation Expires on" date is for you

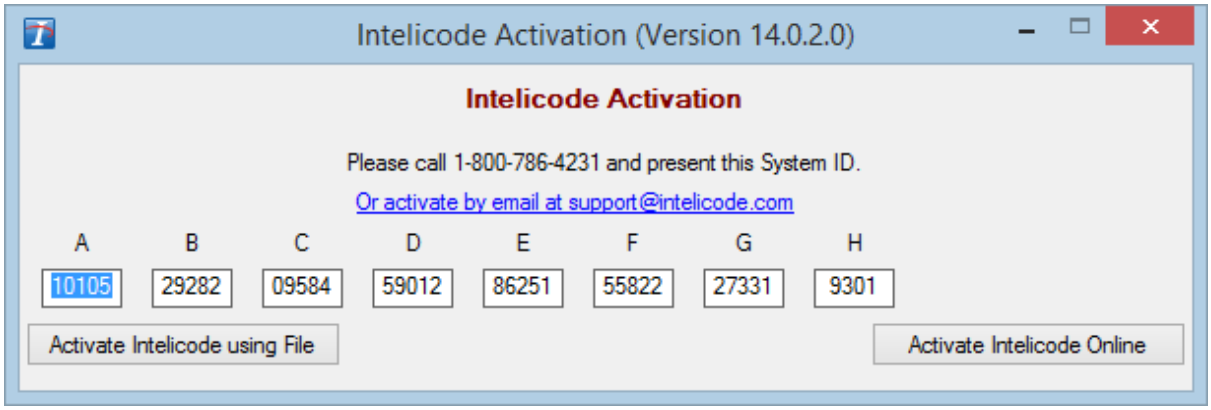
to know how long it is activated for and when the license will expire.

3. If your subscription with Intelicode is current, click **Activate Intelicode**. A dialog will appear (as seen below).

4. Leave this window open. You will be required to give the **System ID** number or boxes 'A' through 'H' to activate your account.

5. Call the number shown to activate your subscription or email by clicking on **Or activate by email at** support@intelicode.com link.

6. You will be directed over the phone or by emailed instructions how to activate the subscription from this point.



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2.5 Login

To login to INTELICODE®:

1. When launching Intelicode the first time, you will need to create

a User Name in the "Administration" panel. See the Administration help page for more information about entering users.

2. When you launch Intelicode, you will see the **Login** screen. Click the **User Name** dropdown list, find your name and select it. **Auditor A** and **Auditor B** will be there by default and have no password assigned.

Login - [SQL Server]
Options
Welcome to Intelicode. Please log in.
User Name
Auditor, A
Password
Cancel
OK
CPT codes copyright 2014, American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association.

3. After you have selected your user name, type in your password (passwords are recommended but not required by the software).

4. Click **OK** or press the **Enter** key to log in.

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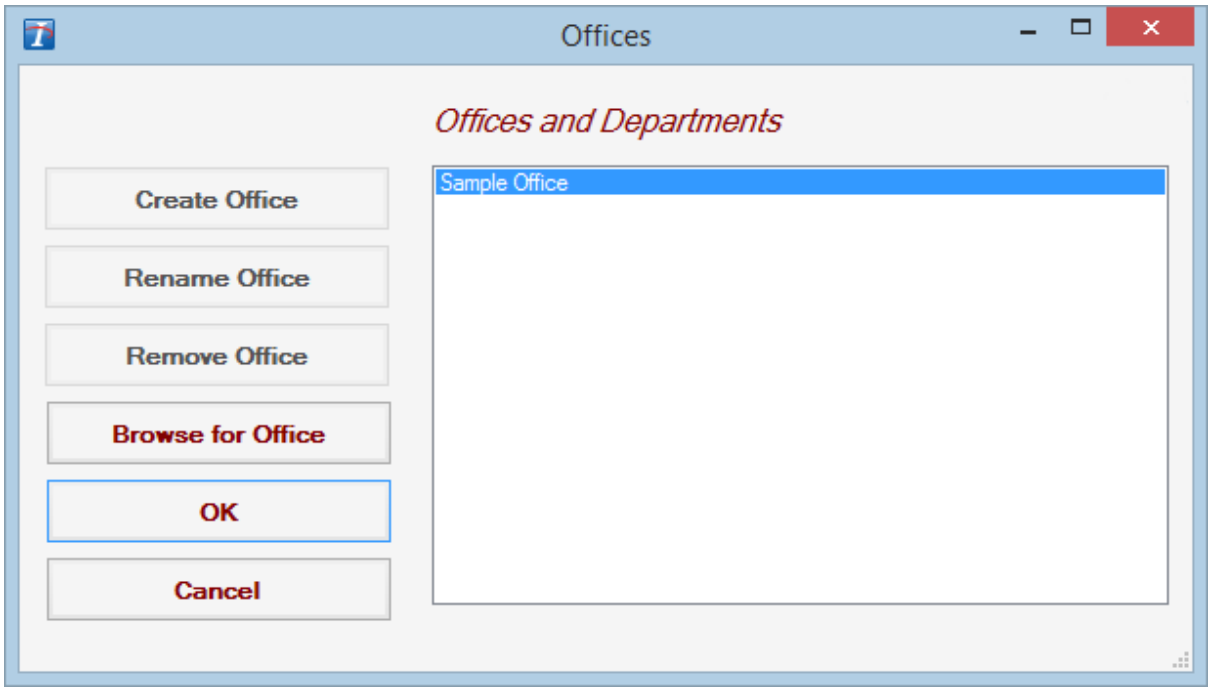
2.6 Create a New Office

To create a new office:

1. After logging in, the next screen to come up is the **Offices and Departments** screen. You can also access this screen by clicking

on the **Office** menu at the top of the screen when completely logged into Intelicode and then clicking on **Create/Change - Offices/Departments**

2. You must have permission to create an office. If you do not, the **Create Office** button will have gray text. If this is the case, you will have to either be given permissions by your **Administrator** or you will have to have your **Administrator** create the office. To learn more about managing offices, permissions, and users, see the Administration help page.



3. Click **Create Office**. The **Office Management** screen will come up.

4. Fill in the necessary information and click **OK**. The **Office Management** screen disappears.

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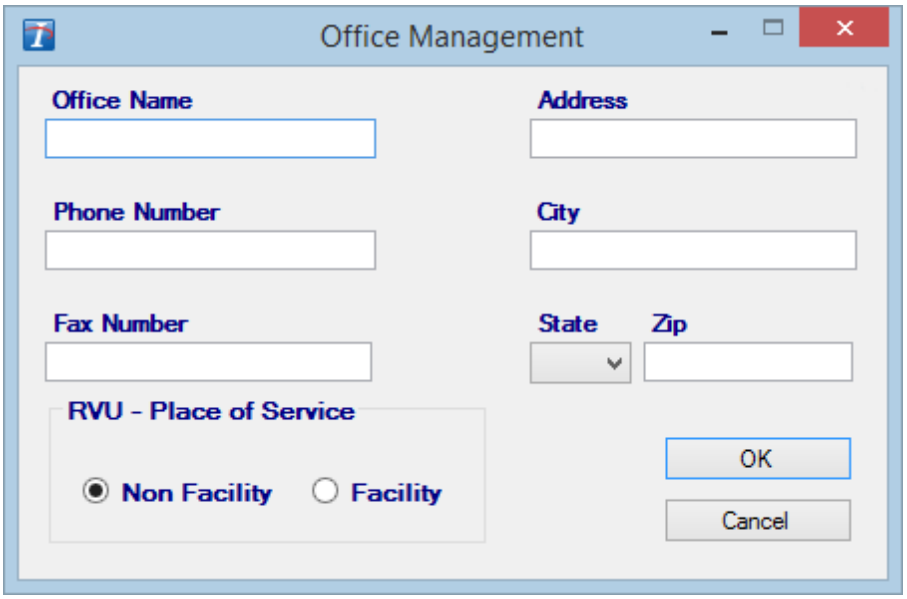

5. To begin using this office, click the office name on the **Offices and Departments** screen and click **OK**.

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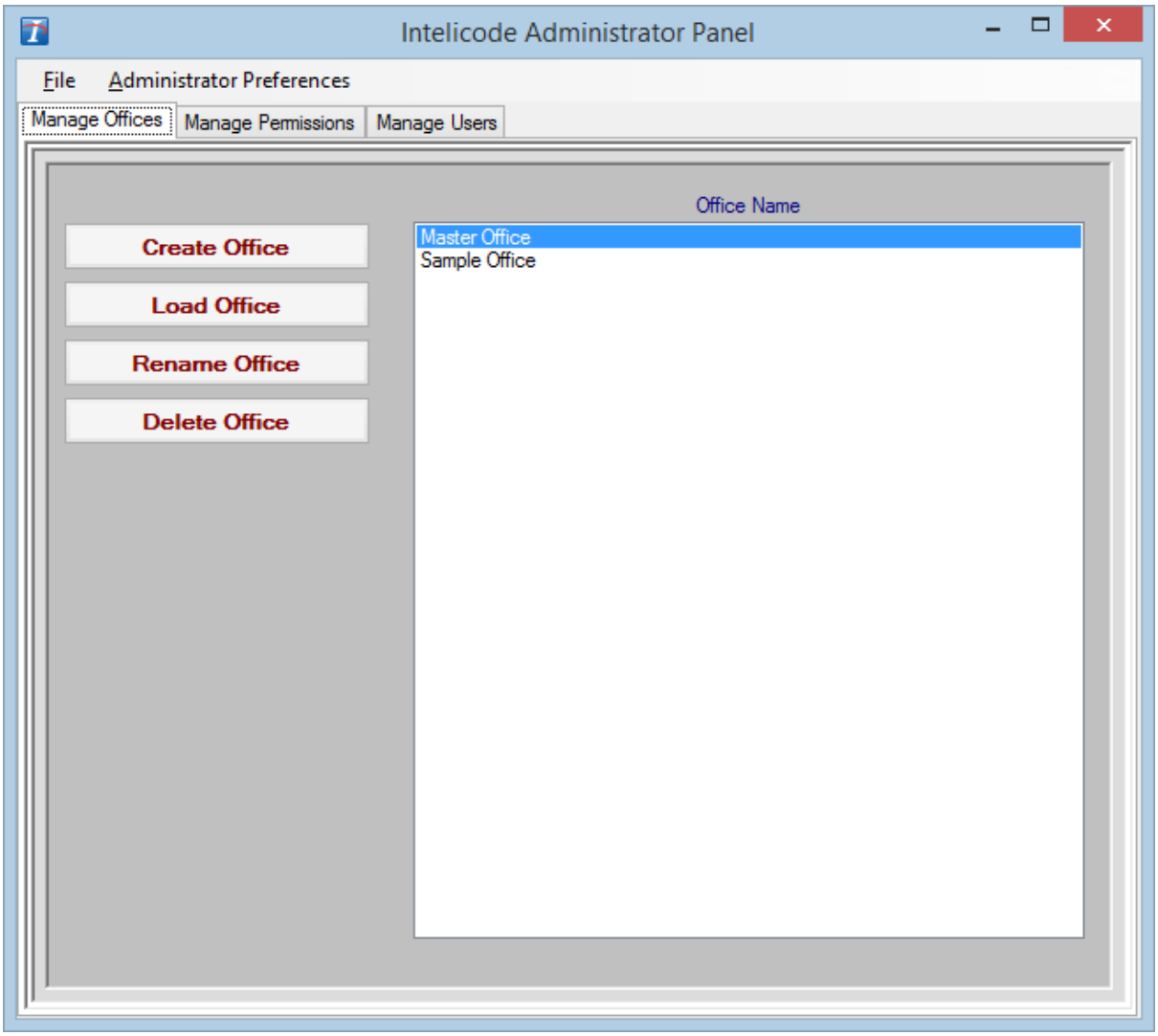
2.7 Load an Office

To load an Intelicode 8.x office file into a newer version of Intelicode:

1. From the **Login** screen, click on the **Options** menu.
2. From the **Options** menu, select **Administrator Panel**.
3. Enter the **Administrator Password**. The **Intelicode Administrator Panel** will appear.



4. Click the **Load Office** button.
5. Browse to the location of the Intelicode 8.x office file that you would like to import.
6. Select the file and click **Open**.
7. Click **Yes.** This process may potentially take several minutes.
8. Your imported office should now appear in the list of office names.

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2.8 Basic Steps

The following simple steps will outline the overall flow as well as the necessary information to perform an audit using Intelicode. Below, we will define the minimal information required to start the process:

1. **Patient ID** - This is the medical record number or whatever set of numbers, characters, ect. that is used to identify the patient.

2. **Last Name | First Name** - This is the last name and first name of the patient whose encounter is being audited.

   Note: The patient name is ***not*** required to perform an audit.

3. **D.O.B** - (Date of Birth) This is the date of birth of the patient. Enter the D.O.B. in MM/DD/YYYY format.

   Note: The patient D.O.B. is ***not*** required to perform an audit. A D.O.B. is only necessary when auditing services for service types which are age-driven.

4. **Patient Status** - Each patient will automatically be flagged as a new patient the first time you enter them into the software. Change the patient status accordingly.

5. **Gender** - Choose 'Male' or 'Female'.

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6. **User** - This is a required field. Please verify the correct User/ Reviewer is shown. If not, please select the correct User/ Reviewer.

   Note: When a user is set up, a password is ***not*** required.

7. **Visit Date** - This is the date of service for the encounter being audited. The Visit Date automatically defaults to the current date. Change the date accordingly. You may enter the date manually by changing the month, date, or year, or you may click on the drop down arrow and select the date from the display calendar.

8. **Service Type/Subservice Type** - This tree view has the Service Types loaded in for you depending on your visit date. There may be a plus '+' symbol next to the Service Type you select, which means that it has at least 1 Subservice Type as well. Click the '+' symbol to expand and see the Subservice(s). If the Subservice(s) has a '+' symbol, keep clicking to expand. If you want to collapse the Service Type so it does not show the Subservice(s), click the minus '-' symbol to collapse it. Simply click on the Service or Subservice Type to assign it to your visit.

   Note: If **Consultations** is selected for the Service Type, the **Consult Verification** questions must be answered and the requirements met to continue with the audit, unless otherwise set in the Preferences Screen.

Once the required information is entered, the navigation

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buttons (**Patient**, **History**, **Exam**, **Decision**, **End**) will become active.

Note: The **Visit Date** and **User** will remain the same from encounter to encounter until you change them or exit the program.

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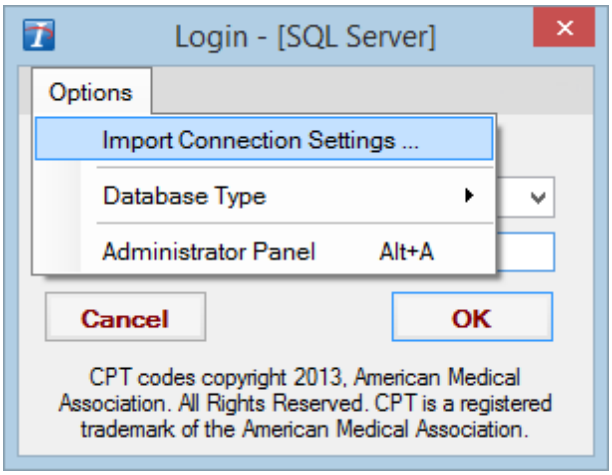
2.9 Administration

Access the administrative tools by clicking on **Options** from the **Login** screen that comes up when you launch the program (or from the Tools menu once you have logged into an office). The **Login** screen can also be accessed from within the program by clicking on the **Change - User Connection** option on the **User/Connection** menu at the top of the screen when completely logged into Intelicode.

To Import Connection Settings:

1. Click on **Import Connection Settings...** on the **Options** menu.
2. Browse to the location that has the "Intelicode Connection File" (.tsicn) that you are looking for.
3. Select the file and click **Open**.


Login - [SQL Server]
Options
Import Connection Settings ...
Database Type
Administrator Panel Alt+A
Cancel
OK
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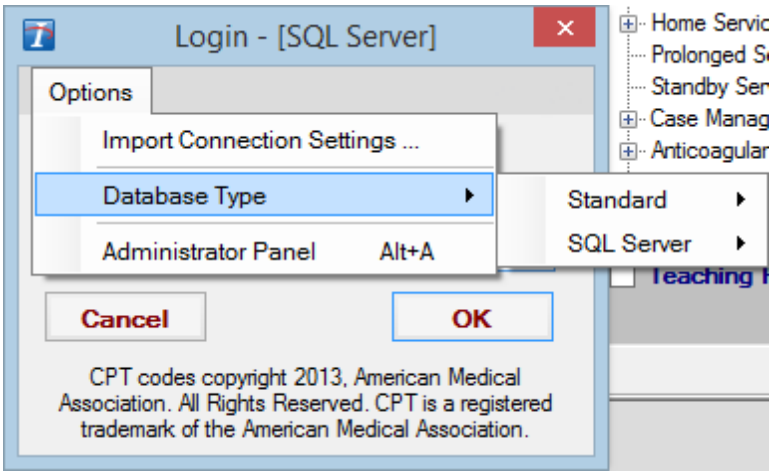
To Select Database Type:

1. Hover over **Database Type** on the **Options** menu.
2. Select the appropriate database type.



Administrator Panel:

1. Click on **Administrator Panel** on the **Options** menu.
2. Enter the administrator password and click **OK**. The **Intelicode Administrator Panel** comes up.
3. **Settings:**
   a. **Connection Settings:**

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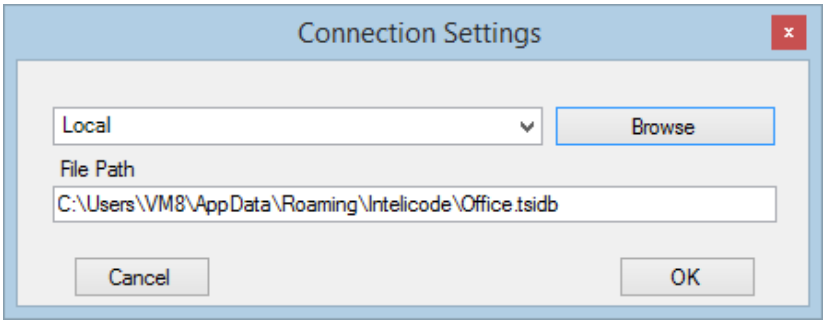
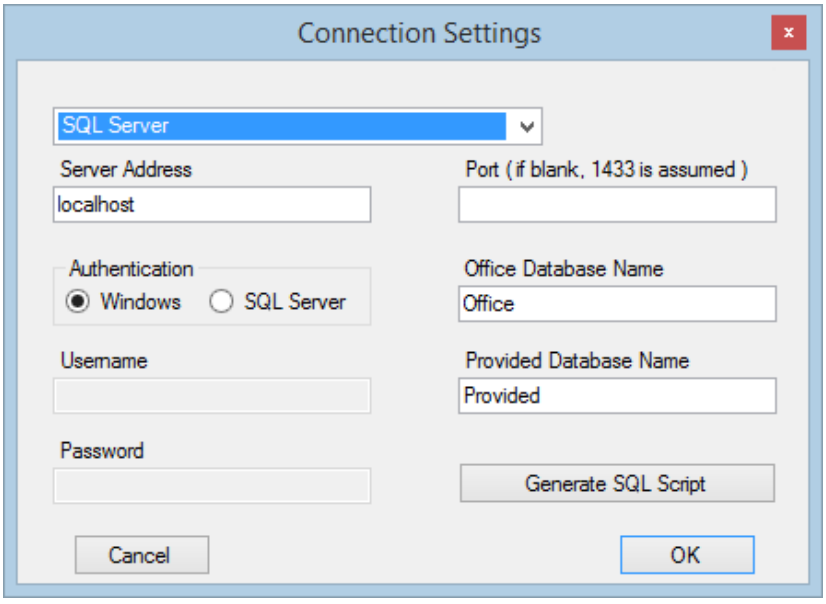
i. Click on the **File** menu and choose **Connection Settings**. The **Connection Settings** screen comes up.

ii. If you are setting up a local connection, browse to the file path of the connection.



iii. If you are setting up a SQL Server connection, click the dropdown arrow and choose **SQL Server**.

iv. Fill in the **Server Address**, **Port**, **Username**, and **Password** as appropriate.



v. Click **OK** when you are finished.

b. **Save Connection Settings (only available when using SQL Server):**

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i. Click on the **File** menu and choose **Save Connection Settings**.

ii. Browse to the location that you want to save the "Intelicode Connection File" (.tsicn).

iii. Type in a file name.

iv. Click **Save** to save the file.

c. **Load Connection Settings:**

i. Click on the **File** menu and choose **Load Connection Settings**.

ii. Browse to the location that has the "Intelicode Connection File" (.tsicn) that you are looking for.

iii. Select the file with a (.tsicn) extension and click **Open**

4. **Manage Offices:**

a. **Create Office:**

i. Click the **Create Office** button on the **Manage Offices** tab. The "Office Management" screen comes up.

ii. Fill in the appropriate information.

iii. Click **OK** when finished.

b. **Load Office:**

i. Click the **Load Office** button on the **Manage Offices** tab.

ii. Browse to the location that has the "Intelicode Office

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File" (.tsi) that you are looking for.

iii. Select the file and click **Open**.

c. **Rename Office:**

i. Select from the list the office that you wish to rename. (You can also change the address and other information.)

ii. Click the **Rename Office** button on the **Manage Offices** tab. The "Office Management" screen appears with the current information filled in.

iii. Change the **Office Name** or any of the other fields.

iv. Click **OK** when finished.

d. **Delete Office:**

i. Select from the list the office that you wish to delete.

ii. Click the **Delete Office** button on the **Manage Offices** tab. A "Deleting Office" alert appears.

iii. Click **Yes** if you indeed wish to delete the office.

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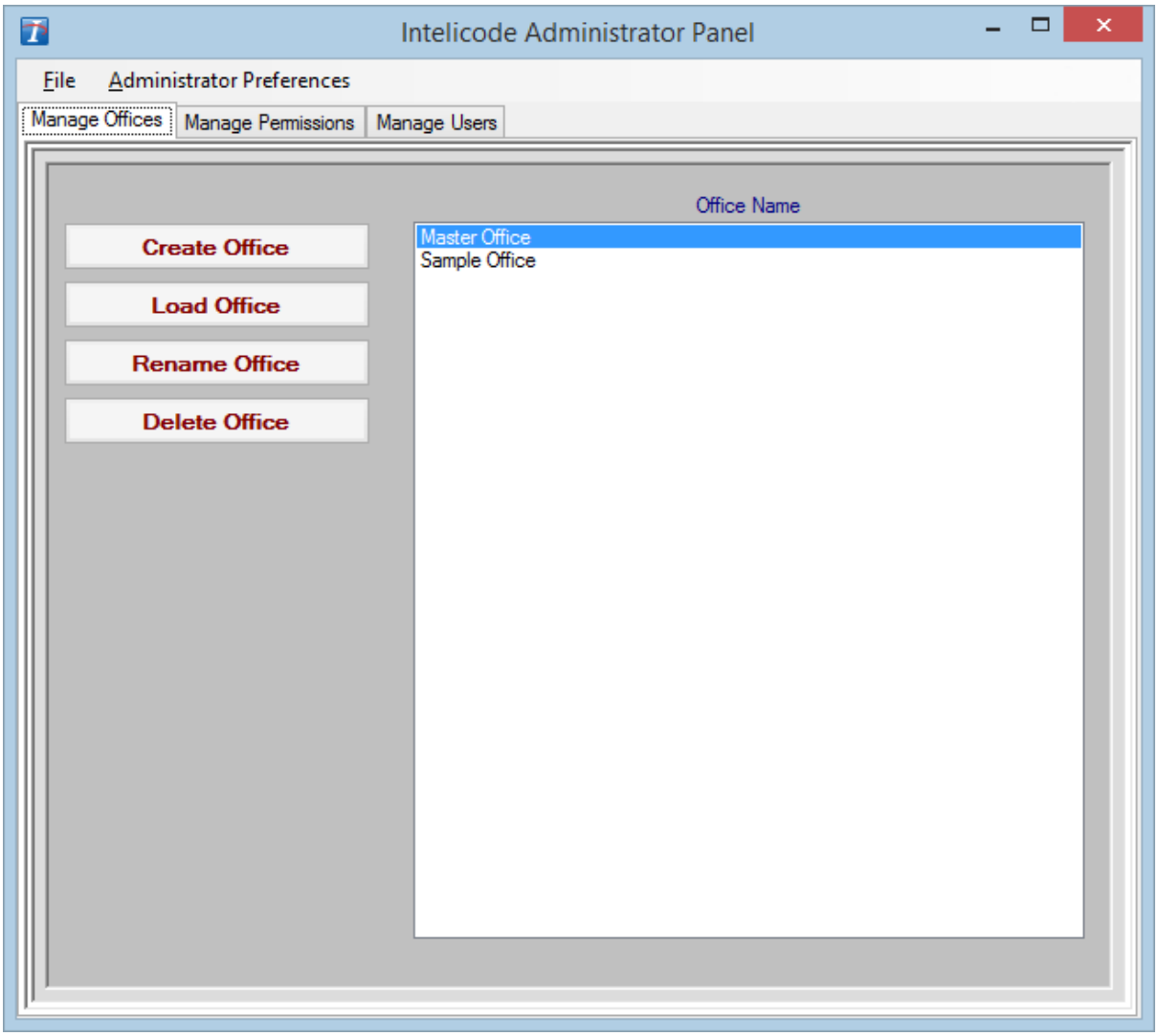

5. Manage Permissions:

a. User Permissions:

i. To create a custom level of permissions, click on **Custom** and check the appropriate permission settings. You can also click **Select All** to select all permissions or click **Select None** to select no permissions.

ii. If you wish to set a User to have a certain User Group outside of **Custom**, there is also **Read Only**, **Administrator**, and **User** Permission sets.

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iii. The permissions associated with these groups cannot be edited and are already designated to the appropriate Group. An example of an un-editable Group is **Read Only**, this Group has no Permissions associated with it and cannot have any permissions associated to it.

iv. After you have finished making the necessary changes, remember to click the **Save** button on the left side to save your changes.

b. Password Settings:

i. To set the number of minimum characters for a user's password, click on the dropdown box just under the **Minimum Characters** heading and select the desired number.

ii. To set the number of maximum characters for a user's password, click on the dropdown box just under the **Maximum Characters** heading and select the desired number.

iii. To require the user to change his/her password after a set amount of time, click on the dropdown box after it says **Change Every...** and select the desired number of days.

iv. To require the user to have at least one uppercase character and at least one lowercase character in his/her password, check **Mixed Case**.

v. To require the user to have at least one letter and at least one number in his/her password, check **Alphanumeric**.

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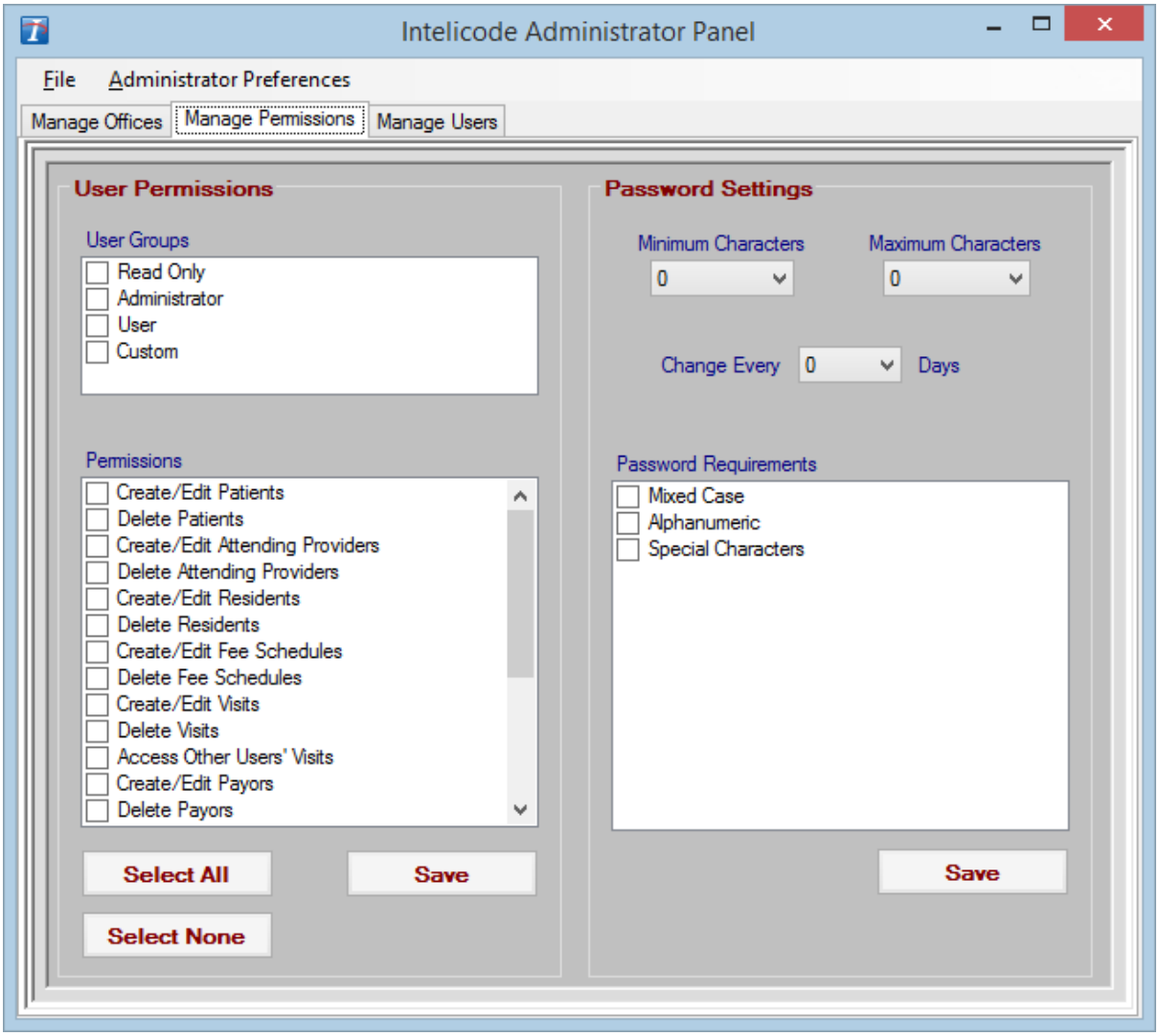
vi. To require the user to have at least one "special character" (ie., !@#$%^*) in his/her password, check **Special Characters**.

vii. Once you have selected the Password Requirement Settings, click the **Save** button on the right side to save your requirements.



6. Manage Users:

a. Create New User:

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i. To create a new user, click on the **New User** button. The information is now blank. Fill in the appropriate information.

ii. To delete existing users(s), select the user(s) from the **Users** list that you wish to delete. Click on the **Delete User(s)** button. Confirm if you indeed wish to delete the user(s).

iii. To alter a user's settings, select the user from the **Users** list whose settings you wish to alter. Make the necessary changes to the information.

iv. To set or change the user's password, check the **Change Password** checkbox.

v. To set a user's permission settings, select the user from the **Users** list, then check the box under the **User Type** heading that represents the permission level you would like this user to have.

vi. To designate which office(s) will be available to a particular user, select the user from the **Users** list, then check the appropriate offices under the **User Offices** heading.

vii. You may save your changes at any time in the process by clicking the **Save** button.

viii. To save your changes and exit the **Administrator Panel** in one click, click the **Save and Exit** button.

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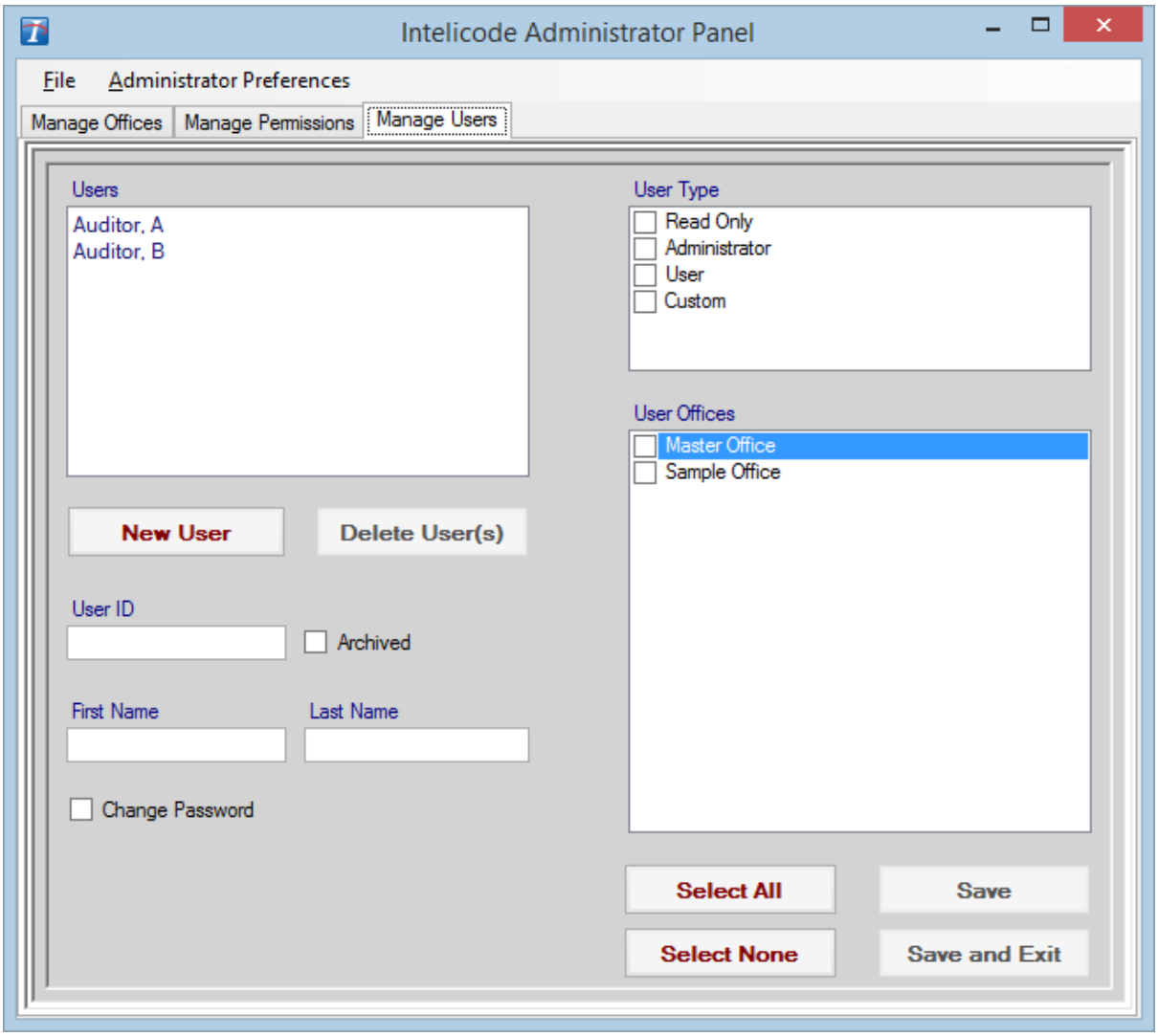

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2.10 Need Help?

- **Troubleshooting** - Please see our support page at intelicode.com/support
- **Technical Support** - Call technical support at 1-800-786-4231. Our business hours are from 9am-5pm (Eastern), Monday-Friday.

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3 Walkthrough

Now that Intelicode has been successfully installed on your computer and ready for use, you can follow these step-by-step instructions to complete an audit using Intelicode. Each step not only gives you the required elements on each screen, but it also gives you important information for each screen.

3.1 Step One

This topic will show you a walkthrough of INTELICODE® as we go through an audit, step by step. Once you have opened your Intelicode program and logged in as a user, you will see a blank **Patient** screen. Please note that the field names followed by an asterisk (*) are required fields.

Patient Screen

1. To begin an audit, in the **Patient ID*** field, you must enter a number, letter, symbol, or combination of earlier mentioned by which you can identify the patient (i.e. medical record number, account number, etc.). The Patient ID we have entered for our audit (see below) is "167".

2. The **First Name** and **Last Name** fields can then be completed with the patient's name. Completion of the **First Name** and **Last Name** fields is not required to complete an audit. Any names entered in these fields will appear on reports exactly as they are entered here. The patient First Name and Last Name we have entered for our audit is "Betty" and "Bebee".

3. The **D.O.B.** (Date of Birth) field is only required for those services that are age-driven, such as "Preventive Medicine Services". If a date of birth is entered, enter it in the MM/DD/

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YYYY format. You may also enter the date of birth by clicking on the drop down arrow and selecting the date from the calendar display. The patient D.O.B. we have entered for our audit (see below) is 07/27/1952.

4. Choose the **Patient Status*** to indicate if the patient is new or established. The Patient Status we entered for our audit (see below) is "Established".

5. Choose the patient's **Gender** to indicate if the patient is male or female. The patient Gender we entered for our audit (see below) is "Female".

6. Select the **Attending Provider** (physician performing the visit) for the encounter being audited. If the attending provider is not listed, select **Add New Provider** from the drop down list. See Attending Providers for help. The Attending Provider we entered for our audit (see below) is "Miller, John #9999".

7. Enter the **Visit Date** (the date of service) by entering the date in MM/DD/YYYY format, or by clicking on the drop down arrow and selecting the appropriate date from the calendar display.

8. Enter the **Requesting Provider** as necessary in relation to the services being provided. If the requesting provider is not listed, select **Add New Requester** to add the provider to the database. See Requesting Providers for help. We did not enter a Requesting Provider for our audit (see below) since the service type was "Office or Other Outpatient".

9. Select the appropriate **Service Type** (i.e. office visit, consult, etc.) for the encounter being audited. Click on the '+' symbol to expand the selection. Keep expanding to reach the applicable

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SubService Type. Next, select the appropriate service **Sub Category** (i.e. initial visit, office consultations, initial hospital care, etc.). The Service Type we entered for our audit (see below) is "Office or Other Outpatient, and the service sub category we entered was "Follow-Up Visit".

> **Note:** if Service Type **Consultations** is selected, the **Consult Verification** questions must be answered and requirements met to continue with the audit, unless otherwise set in Preferences.

10. Select the **Payor** for the encounter being audited. If the payor is not listed, select **Add Payor** to add the payor to the database. See the Payors page for help.

11. Select the **Fee Schedule** for the encounter being audited. If the fee schedule is not listed, select **Add Fee Schedule** to add the fee schedule to the database. See the Fee Schedules page for help.

12. Choose whether the **RVU - Place of Service** was a "Non Facility" or a "Facility" by clicking on the appropriate selection.

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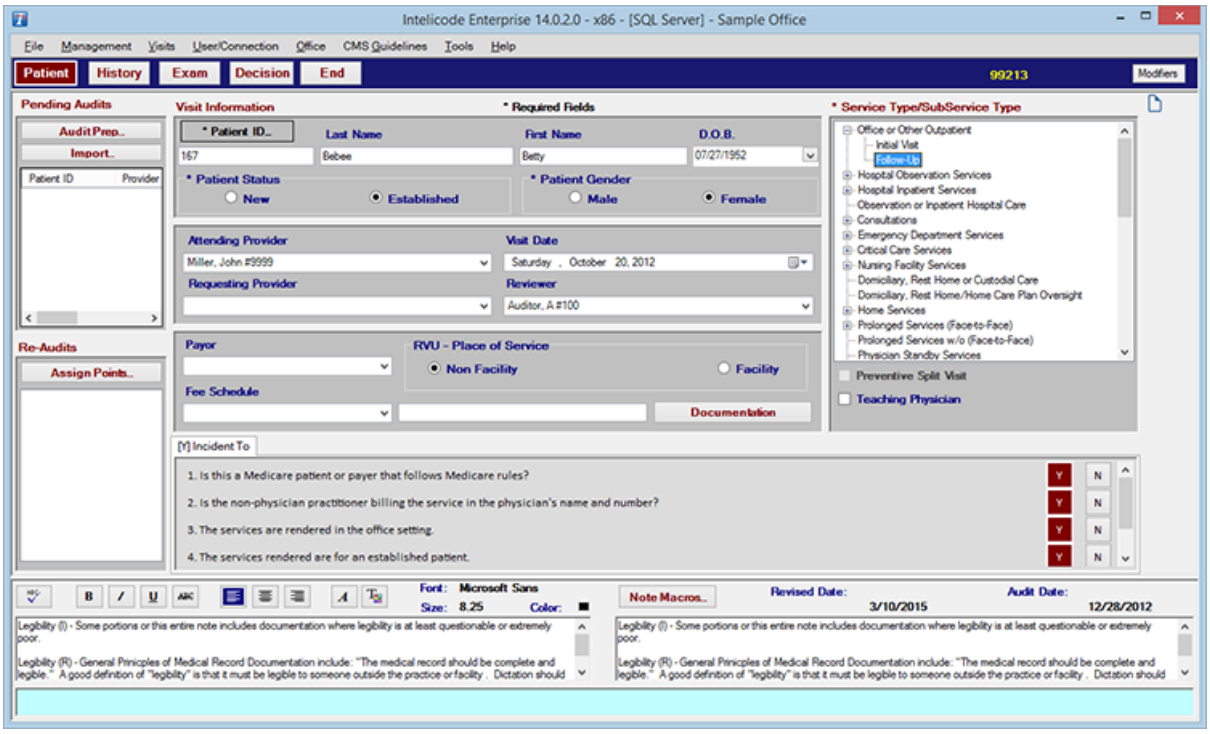

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3.2 Step Two

History Screen

1. Begin the **History** screen by indicating the presence of a **Chief Complaint** by checking the box if needed.

2. Select a **Chief Complaint** from the dropdown list to the right or type it in if the desired text is not available in the list.

3. Select the number of Chronic Diseases from the dropdown list just below the Chief Complaint line.

4. To enter the documented **History of Present Illness (HPI)** elements for the encounter you are auditing, simply click

the appropriate "HPI" elements and the respective check box will be checked. We checked the box for "Location", "Severity", "Duration", "Timing", and "Modifying Factors" for our audit (see below). Also, notice the level of HPI displayed in red font in the upper right corner of the HPI section. We entered five elements giving us an **Extended** HPI.

5. To enter the documented **Review of Systems (ROS)** elements for the encounter you are auditing, simply click the appropriate "ROS" elements and the respective check box will be checked. We checked off "Constitutional Symptoms" and "Integumentary" for our audit (see below). Also notice the level of ROS displayed in the upper right corner of the ROS section. We entered two ROS elements giving us an **Extended ROS.**

6. To enter the documented **Past, Family, and Social History (PFSH)** elements for the encounter you are auditing, simply click the appropriate "PFSH" elements and the respective check box will be checked. We have not checked off any PFSH elements; therefore, we do not have a PFSH level.

7. As we check the various History elements on this screen, Intelicode is calculating the level of History. The level of History is displayed at the top of the screen. The history elements we entered for our audit produced an **Expanded** History Level as seen in the example image below.

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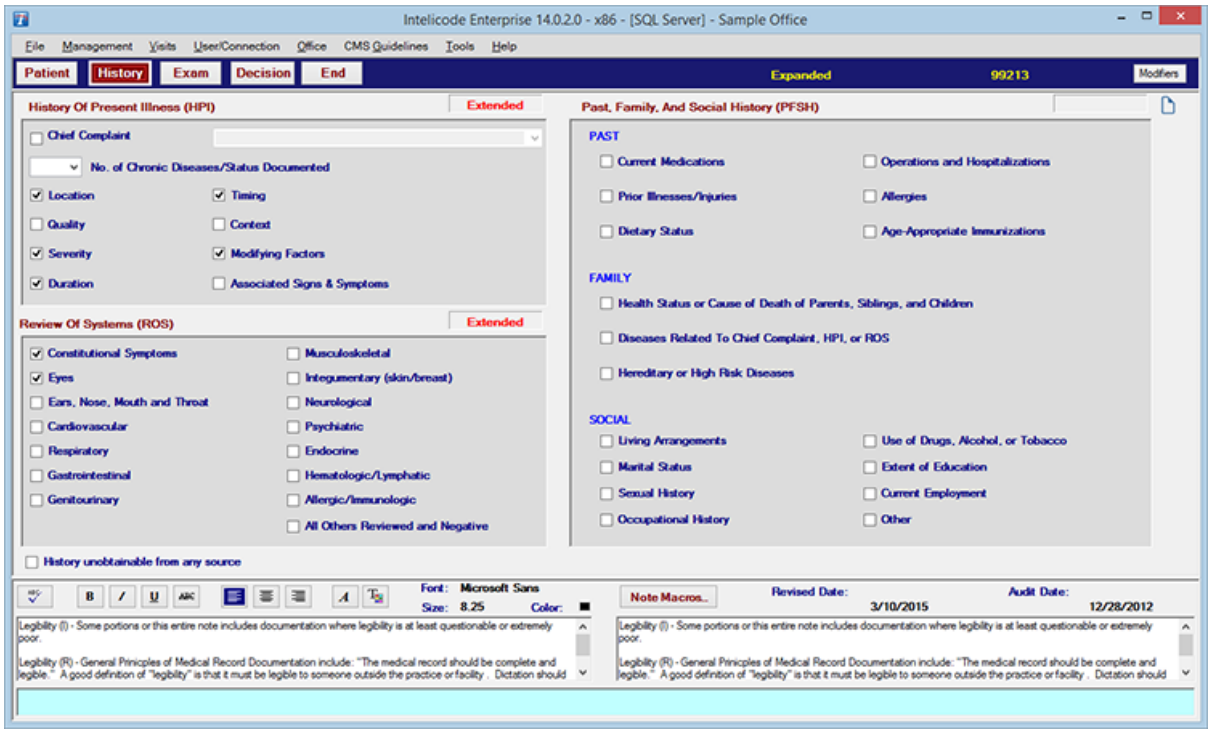

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3.3 Step Three

Exam Screen

1. Select the **Exam Type** (General Multi-System (97), Cardiovascular Exam, Eye Exam, etc.) from the column on the left side of the screen.

2. For a **1997 Exam**, the exam system areas are now displayed in a second column just to the right.

   a. To select the documented examination elements, click on the appropriate body areas/organ systems to check the check boxes.

b. Once the appropriate check boxes have been selected, the corresponding examination elements will appear on the right side of the screen.

c. Select the desired individual examination elements by clicking on the element listed on the right side of the screen. Once the element has been selected, the font will change to maroon.

d. To unselect an element, simply click it again and the font will return to black.

3. For a **1995 Exam**, once the desired 1995 examination is selected in the column on the left side of the screen, the examination body areas/organ systems elements will appear on the right side of the screen. There are also limited, extended, and complete examinations in the 95 Exams.

   a. These examinations are left up to you, the User, and/or your team to decide as to when and how they should be used.

   b. To select the desired individual examination elements, click on the element listed on the right side of the screen. Once the element has been selected, the font will change to maroon.

4. We chose the 1997 General Multi-System Examination and then selected "Constitutional" for our audit (see image below).

5. Within "Constitutional", we selected "Measurement of any three vital signs" and "General appearance of patient".

6. We also selected under "Respiratory", "Auscultation of lungs" and under "Cardiovascular", "Auscultation of heart with notation of abnormal sounds and murmurs".

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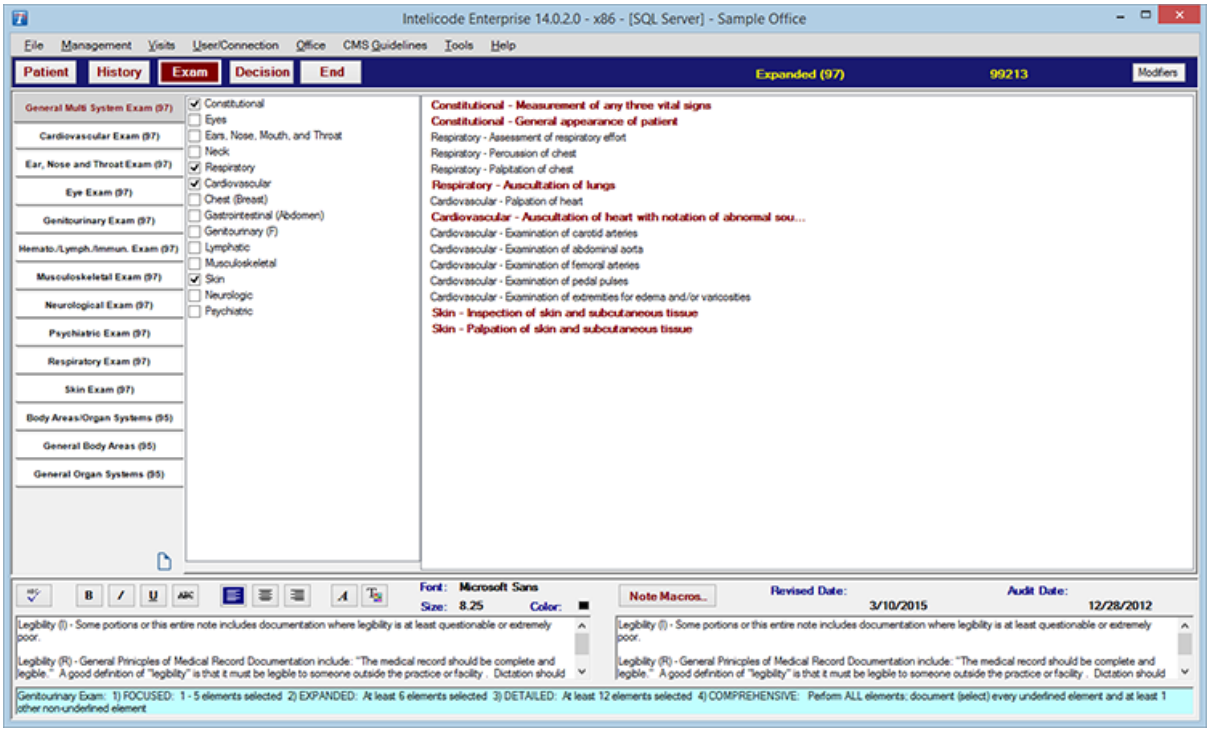
7. Lastly, we chose "Skin" with the individual elements being "Inspection of skin and subcutaneous tissue" and "Palpitation of skin and subcutaneous tissue".

8. So, we selected a total of six examination elements. As we select the various examination elements on the **Exam**, Intelicode® is calculating the **Level of Examination**. The **Level of Examination** is displayed at the top of the screen. The Examination elements we have entered for our audit have produced an **Expanded (97) Examination** as seen in the example image below.


Intelicode Enterprise 14.0.2.0 - x86 - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
Expanded (97)
99213
Modifiers
Constitutional - Measurement of any three vital signs
Constitutional - General appearance of patient
Respiratory - Auscultation of lungs
Cardiovascular - Auscultation of heart with notation of abnormal sou...
Skin - Inspection of skin and subcutaneous tissue
Skin - Palpation of skin and subcutaneous tissue
Font: Microsoft Sans
Size: 8.25
Color:
Note Macros..
Revised Date:
3/10/2015
Audit Date:
12/28/2012
Genitourinary Exam: 1) FOCUSED: 1 - 5 elements selected 2) EXPANDED: At least 6 elements selected 3) DETAILED: At least 12 elements selected 4) COMPREHENSIVE: Perform ALL elements; document (select) every undefined element and at least 1 other non-undefined element

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3.4 Step Four

Decision Screen

The **Decision** screen is divided into three tabs: **Diagnosis/ Management Options**, **Amount/Complexity of Data**, and **Risk**.

1. **Diagnosis/Management Options**

   a. This tab displays the **Number of Diagnosis or Management Options** section of the **Document Guidelines** (both 1995 and 1997).

   b. Each statement is preceded by a blank box with a drop down arrow.

   c. Choose the appropriate number(s) for the encounter being audited by clicking the drop down arrow next to the desired statement and selecting the number of applicable diagnoses.

   d. For our audit (see image below), we entered "1 Self - limited or minor problem."

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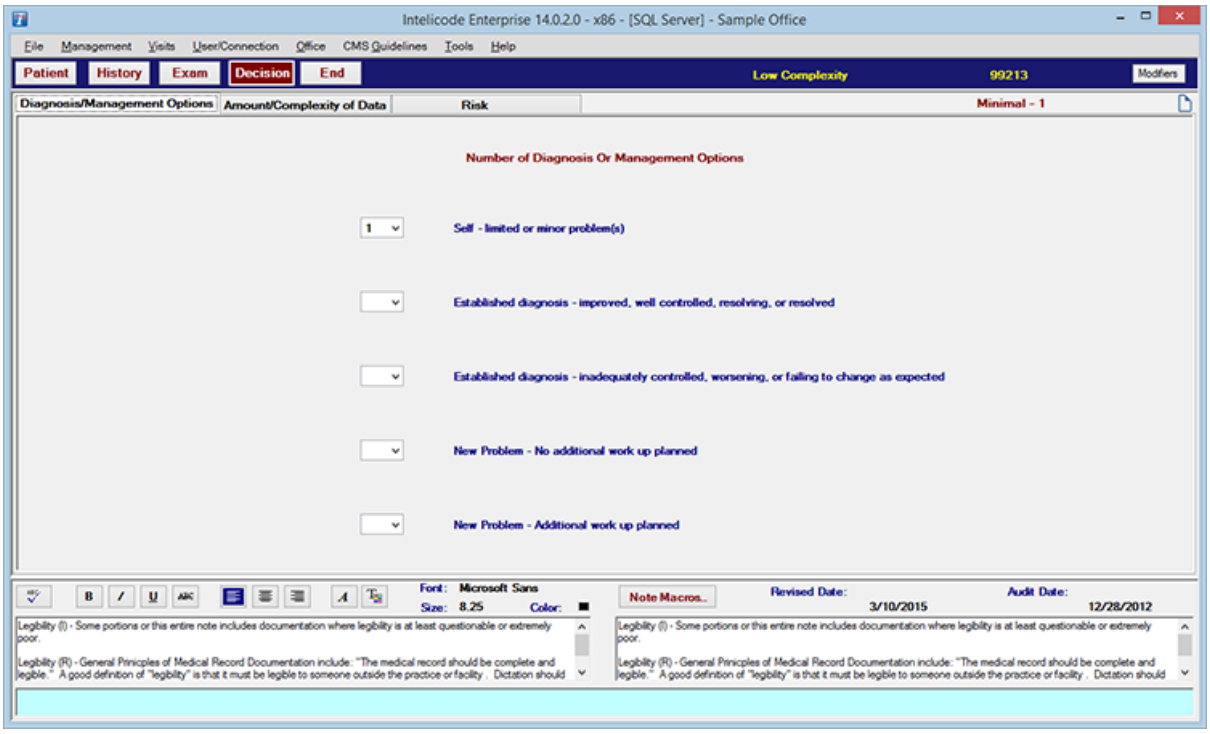
Intelicode Enterprise 14.0.2.0 - x86 - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
Low Complexity
99213
Modifiers
Diagnosis/Management Options
Amount/Complexity of Data
Risk
Minimal - 1
Number of Diagnosis Or Management Options
Self - limited or minor problem(s)
Established diagnosis - improved, well controlled, resolving, or resolved
Established diagnosis - inadequately controlled, worsening, or failing to change as expected
New Problem - No additional work up planned
New Problem - Additional work up planned
Font: Microsoft Sans
Size: 8.25
Color:
Note Macros..
Revised Date:
3/10/2015
Audit Date:
12/28/2012

2. Amount/Complexity of Data

a. This tab displays the **Amount and Complexity of Data Options** section of the **Document Guidelines** (both 1995 and 1997).

b. Each statement is preceded by a checkbox

c. To choose the appropriate statement(s) for the encounter being audited, simply click on the text or the check box itself to select it.

d. To unselect a statement, simply click on the text or check box again and the check will disappear.

e. For our audit (see image below), we checked the box for "Review and/or order of tests in CPT radiology section...(CPT codes in the 70000 series)" and "Review and/or order of tests in CPT medicine section...(CPT codes in the 90000 series).

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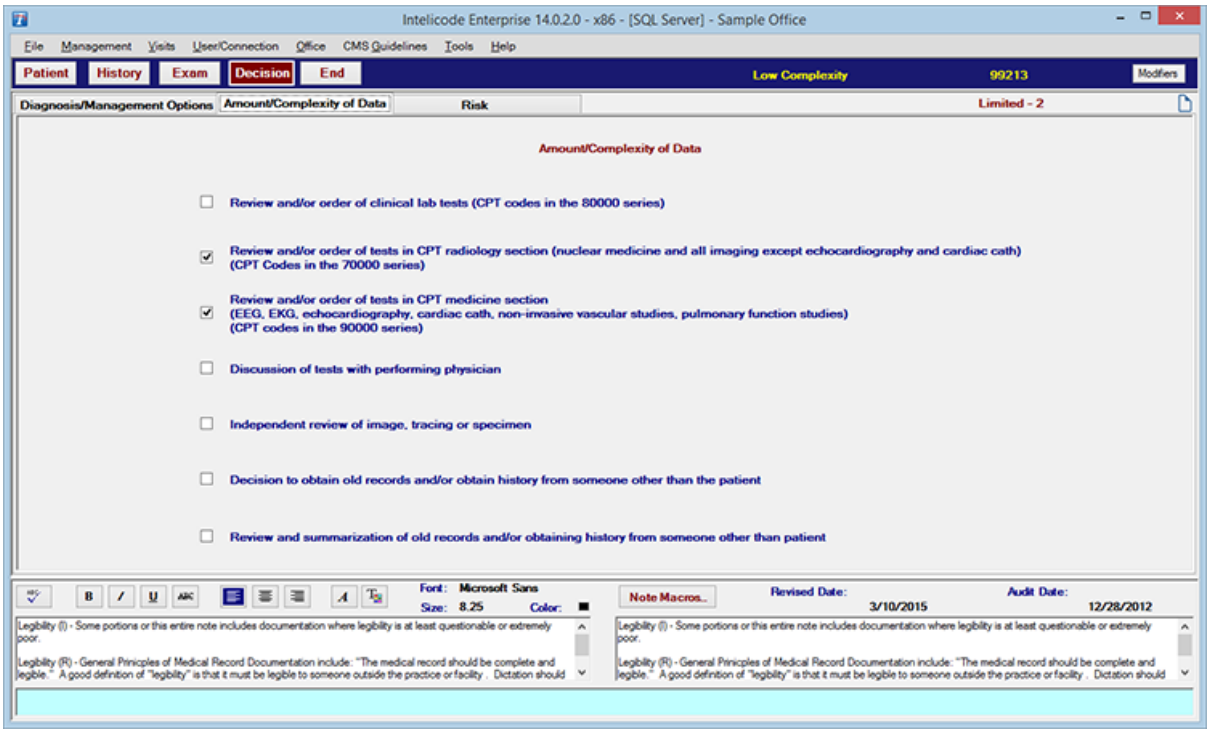
Intelicode Enterprise 14.0.2.0 - x86 - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
Low Complexity
99213
Modifiers
Diagnosis/Management Options
Amount/Complexity of Data
Risk
Limited - 2
Amount/Complexity of Data
Review and/or order of clinical lab tests (CPT codes in the 80000 series)
Review and/or order of tests in CPT radiology section (nuclear medicine and all imaging except echocardiography and cardiac cath) (CPT Codes in the 70000 series)
Review and/or order of tests in CPT medicine section (EEG, EKG, echocardiography, cardiac cath, non-invasive vascular studies, pulmonary function studies) (CPT codes in the 90000 series)
Discussion of tests with performing physician
Independent review of image, tracing or specimen
Decision to obtain old records and/or obtain history from someone other than the patient
Review and summarization of old records and/or obtaining history from someone other than patient
Font: Microsoft Sans
Size: 8.25
Color:
Note Macros..
Revised Date:
3/10/2015
Audit Date:
12/28/2012
Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility . Dictation should

3. Risk

a. This tab is further divided into three sections representing the three columns of the **Risk** table: **Presenting Problem**, **Diagnostic Procedure(s) Ordered**, and **Management Option(s) Selected**

b. Each section lists the elements as they appear on the **Risk** table from the **Documentation Guidelines** (both 1995 and 1997). Also included are any risk elements that were added to the **Risk Elements** tab on the **Management** screen.

c. To select elements from each section, simply click on the risk statement itself. The text for the selected elements will turn maroon.

d. To unselect any element, simply click on it again and it will return to a black text.

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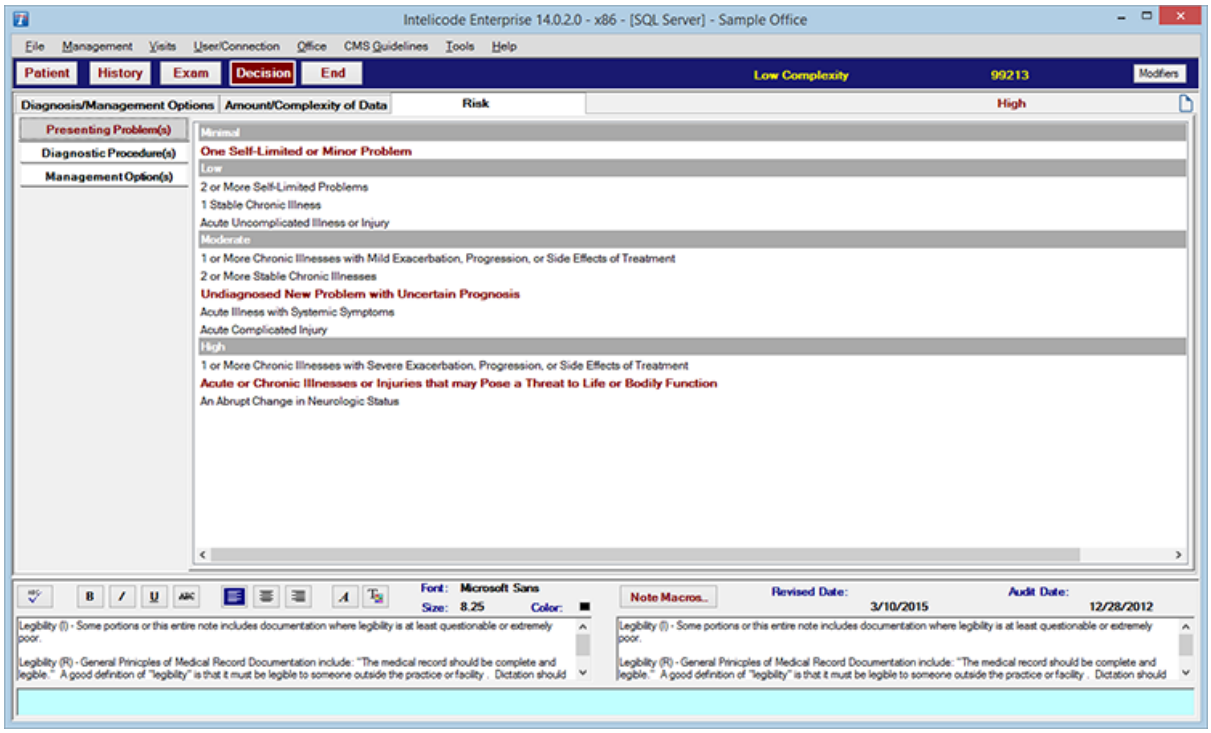
e. Intelicode will calculate the highest level of risk from all three of the **Risk** sections.

f. For our audit (see images below), in the **Presenting Problem** section, we choose the "Acute uncomplicated illness or injury" option.

Intelicode will calculate the level of **Medical Decision Making (MDM)** by compiling the information from all of the tabs on the **Decision** screen. The level of overall MDM will be displayed at the top of the screen as shown in the example image below. The Decision elements we have entered for our audit produce a "Low Complexity" MDM.


Intelicode Enterprise 14.0.2.0 - x86 - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
Low Complexity
99213
Modifiers
Diagnosis/Management Options
Amount/Complexity of Data
Risk
High
Presenting Problem(s)
Diagnostic Procedure(s)
Management Option(s)
Minimal
One Self-Limited or Minor Problem
Low
2 or More Self-Limited Problems
1 Stable Chronic Illness
Acute Uncomplicated Illness or Injury
Moderate
1 or More Chronic Illnesses with Mild Exacerbation, Progression, or Side Effects of Treatment
2 or More Stable Chronic Illnesses
Undiagnosed New Problem with Uncertain Prognosis
Acute Illness with Systemic Symptoms
Acute Complicated Injury
High
1 or More Chronic Illnesses with Severe Exacerbation, Progression, or Side Effects of Treatment
Acute or Chronic Illnesses or Injuries that may Pose a Threat to Life or Bodily Function
An Abrupt Change in Neurologic Status
Font: Microsoft Sans
Size: 8.25
Color:
Note Macros..
Revised Date:
3/10/2015
Audit Date:
12/28/2012

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3.5 Step Five

End Screen

The **End** screen displays a cumulative total of all information entered up to this point in the audit. It is advisable to check the information entered thus far to ensure accuracy.

1. The **Visit Information** section displays a summary of the information entered on the previous screens.

2. The **Comparison** section is where you can enter in **Face-to-Face** and **Counseling** times. The **Comparison** section displays the **Reviewer E & M** (audited code) and the **Provider E & M** (code billed by the provider). It also displays the **Fee Schedule** (if any) used and the total difference in dollars and the level of variance from the audited code.

    i. The **Time section** may be utilized for those situations where time is documented for an encounter such as, if the time is the major factor, which only works with some codes. (See example below) Or you can even see how much of your time is Prolonged in the **Prolonged Face-to-Face** which is the Face-to-Face time minus the Typical Time spent. You can also put in time in the **Psychotherapy Face-to-Face** which will help you achieve add-on codes, such as Psych with E & M.

        a. Both the **Face-to-Face** time and the **Counseling** times must be entered for this function to calculate properly.

        b. Click on the text box and type the appropriate time for each field.

        c. We did not enter a **Face to Face** time or

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a **Counseling** time (see image below).

ii. To select the **Provider E & M**, simply scroll down the list of **E & M Codes** provided and click on the code billed by the provider being audited. You can also type in the Provider Code in the Provider Code box. If you have an Add-On code, click the Add-On dropdown to select the corresponding add-on code. If there are multiple add-ons (eg, Critical Care), then you can type the number of add-ons next to the Add-On dropdown and then click the corresponding add-on. We also have add-ons to add-ons (eg, 99201/90833/90785).

iii. Intelicode® will then do a comparison between the **Reviewer E & M** and the **Provider E & M** to produce a difference (if any) in the dollar amounts billed and the variance level.

iv. We chose the **Provider E & M** of 99214 for our audit (see image below).

v. The encounter had a **Variance** of "-1"

3. The **Note Macros** field gives the reviewer the ability to document specific information about an audit, encounter, documentation issue, etc.

i. **Note Macros** can be developed (see Note Macros for help) to insert in the **Note Macros** field or the reviewer may type their own text into the **Notes** field as desired.

ii. The **Note Macro(s)** will show in both the handwritten **Notes** (left side) and in the **Note Macros** (right side). This allows you to edit the **Note Macros** if necessary.

iii. The handwritten (left) side will be shown on the Encounter

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Detail Report automatically as well as the Audit Summary and Custom Provider Accuracy Reports if the option **With Notes** is selected from the **Report Options**.

iv. The **Note Macros** (right) side will only show on the Issues and Recommendations Report. This is to maintain integrity of the **Note Macros**.

v. This aspect of Intelicode provides the reviewer with the ability to enhance their audit reporting without a lot of additional work.

vi. For our audit (see image below), we inserted a Note Macro we developed called "Legibility". We developed an Issue macro and a Recommendation macro.

vii. The **Issues** macro explains what the documentation issue is and the **Recommendation** macro gives the recommended steps to improve that issue.

4. The **Medical Necessity** questions allow the user to override the Reviewer E & M by setting the **Medical Decision Making Level** as the key component in determining the level of service.

   i. The first question determines whether or not you want to override the Reviewer E & M.

   ii. If you answer the first question "N", the second question becomes available.

   iii. The second question asks if you want to manually override the Reviewer E & M.

   iv. If you answer "Yes", you are given a list from which you can

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select the desired code. The third question is not necessary.

v. If you answer "No" to the second question, the third question becomes available.

vi. The third question asks if you want to base the Reviewer E & M on the MDM.

vii. If you answer "Yes" to the third question, the Reviewer E & M changes accordingly.

viii. If you answer "No" to the third question, no change is made to the data.

ix. If either the second or third question is "Yes", the program will place a "-DC" modifier with your audit identifying that the code has been determined by the **Medical Decision Making Level** of service.

5. **Diagnosis Codes/Procedure Codes**

i. The **Same as Provider** button for Procedures and the **Same** button for Diagnosis will set the Procedures and/or the Diagnosis equal between Provider and Reviewer.

ii. Any modifiers that need to be added can be done with the drop down arrows on the right side of each Procedure Code.

iii. When a modifier is added, it appears below next to a blue oval.

iv. To delete a modifier, click on the blue oval. These are the same steps to take to add and remove a diagnosis as well.

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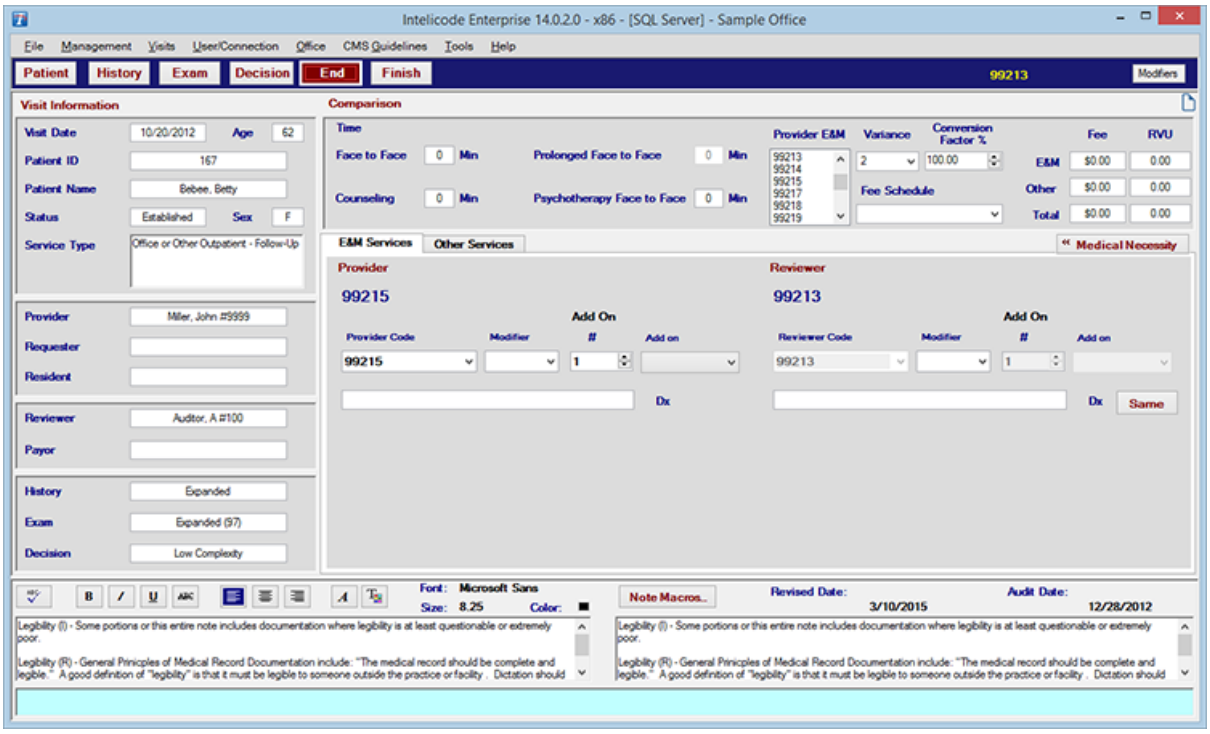

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3.6 Step Six

Finish

Congratulations! You have completed your first Intelicode audit. Now you need to save your work.

1. Upon clicking the **Finish** button, the **Save Confirmation** screen will appear. Here you will select how you wish to handle your information.

2. When you select **Save**, the encounter audit will be saved in the database and no reports will be printed at this time.

3. When you select **Save and Print**, the encounter audit will be

saved in the database and a **Report Options** window will appear from which you can print, view or export an **Encounter Detail Report**. If you do not have Microsoft Word installed on your machine, the **Send To Word**, **Send to PDF**, and **Email Report** options are disabled. If you do not have Microsoft Excel installed on your machine, the **Send To Excel** option is disabled.

4. When you select **Clear Visit Screens**, all data entered for this encounter will be lost and nothing will be printed. The user will be returned to a blank **Patient** screen upon selecting this option. This feature allows the user to audit an encounter for practice—or for whatever other reason—without saving the information to the database.

   Note: This is only applicable when the visit was not created before, if the visit was created before and no changes were made, nothing will be lost. If changes were made, please **Save**.

5. When you select **Cancel**, the **Save Confirmation** window disappears and the user is returned to the **End** screen with all the data that was entered intact. Keep in mind that at this point, your data for this encounter has not yet been saved. If you should exit out of the program at this point your data for this encounter will be lost. Be sure to save your data before exiting the program. (If you do attempt to exit without saving the visit, Intelicode will prompt you with an opportunity to save the visit before exiting.)

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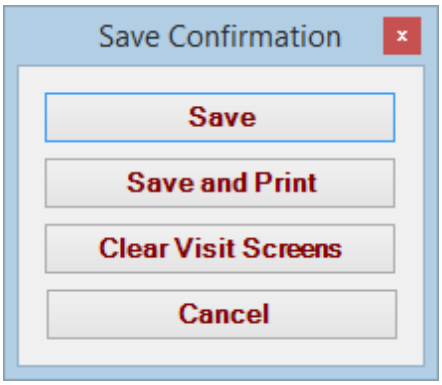

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3.7 Step Seven

Generating and Printing Reports

Generating reports could arguably be the most valuable feature of Intelicode. Step Six showed you how you can print an Encounter Detail Report at the end of the audit. Intelicode does so much more in the way of reporting. See the Report Options or Management Reports help pages for details on how to get the most out of Intelicode's reporting capabilities.

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4 Navigation

Learn how to navigate through Intelicode. Find out what the wording on each screen means, how to enter data into each field, and great tips on how to optimize each screen. Click on the section that you would like more information on.

4.1 Patient Screen

This page describes the various elements of the **Patient Screen**.

1. **Patient ID -** This field is required to generate an audit. The Patient ID can be the patient's medical record number or any other unique number, letter, symbol, or any combination by which the auditor could identify the encounter being audited.
2. **First/Last Name -** Patient names are optional fields and are not required to generate an audit.
3. **D.O.B. -**
    a. This field is only required to generate an audit if the services are those that are dependent upon the age of the patient (e.g. preventive services).
    b. You can select the Date of Birth from a calendar by clicking on the arrow on the right side of the text box, or you can type it in.
4. **Patient Status -**
    a. This is the status of the patient during the encounter being audited.

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b. Intelicode will load all patients as new patients the first time they are entered into the software and will subsequently default existing patients (those already loaded into the software) as established patients for any additional encounters audited.

c. This should be changed, if necessary for the encounter being audited.

5. **Patient Gender -** The gender of the patient can be selected by clicking on the circle next to the gender heading or by clicking on the appropriate text itself.

6. **Attending Provider -**

a. This is the provider who rendered service for the encounter being audited.

b. Attending Providers can be added all at one time on the Attending Providers screen or, they can be added "as needed" by clicking on the drop down arrow for the **Attending Provider** field.

c. Next, click on the **New Attending Provider** option. The **Attending Providers** screen will appear.

d. You may also access the **Attending Providers** screen by clicking on the **Management** menu at the very top of your screen and then selecting **Attending Provider**.

7. **Visit Date -**

a. Enter the date of service for the encounter being audited.

b. This can be done by clicking on the **Month**, **Day**,

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or **Year** with your mouse cursor and changing the value.

c. You can also click the drop down arrow to the right of the date which will display a calendar.

8. **Requesting Provider -**

a. This is the provider who sent the patient to the attending provider--the requester of service for the encounter being audited.

b. Requesting Providers can be added all at one time on the Requesting Providers screen or, they can be added "as needed" by clicking on the text box for the **Requesting Provider** field.

c. Next, click on the **New Requesting Provider** option. The **Requesting Providers** screen will appear.

d. You may also access the **Requesting Providers** screen by clicking on the **Management** menu at the very top of your screen and then selecting **Requesting Provider**.

9. **Reviewer -**

a. A Reviewer is required for each visit. The **Reviewer** is the individual performing the audit.

b. Each individual performing audits should be assigned an individual **User ID** to maintain the most accurate audit data. In a new visit, the current reviewer is the **Reviewer** by default.

c. If you wish to change the Reviewer, click on the text box for the **Reviewer** field and select the appropriate Reviewer.

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10. **Payor -**

a. The **Payor** is the entity responsible for payment.

b. To choose a payor, click on the text box for the **Payor** field and select the appropriate payor.

c. If the payor that you are looking for is not on the list, you will need to add the payor to the **Payor** table. You can do this by clicking on the text box for the **Payor** field and selecting **New Payor**. The **Payors** screen will appear where you can add a new payor.

d. See the Payors Help page for assistance with adding a payor.

11. **Fee Schedule -**

a. The **Fee Schedule** is a table that shows and determines what the charge is for each CPT code.

b. To choose a fee schedule, click on the text box for the **Fee Schedule** field and select the appropriate fee schedule.

c. If the fee schedule that you are looking for is not on the list, you will need to add a new fee schedule to the **Fee Schedule** table. You can do this by clicking on the text box for the **Fee Schedule** field and selecting **Add New Fee Schedule**. The **Fee Schedule** screen will appear where you can add a new fee schedule.

d. See the Fee Schedules Help page for assistance with adding a fee schedule.

12. **RVU-Place of Service -**

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a. The **RVU-Place of Service** field shows whether or not the service was provided at a Facility or Non Facility.

b. "Non Facility" is the default selection. If you wish to change it, simply do so by clicking on the text for **Non Facility** or **Facility** as appropriate.

13. **Service Type and/or SubService Type -**

a. Select the appropriate **Service Type** for the encounter being audited, based on the documentation. Once the service type is selected, you can click a '**+**', if one is there, to see the corresponding **SubService Type** types (i.e. for an "Office or Other Outpatient", the potential sub categories would be "New Patient" or "Established Patient").

b. After selecting the appropriate **Service Type**, select the appropriate **SubService Type** below, if applicable. The sub category could be a determining factor of the overall code.

14. **Teaching Physician -**

a. This field will be accessible only in Intelicode P.A.T.H. to indicate whether a service is a teaching visit or not.

b. If the service being audited is a "teaching visit", click the text or the check box for the **Teaching Physician** field to add the **Teaching Physician** tab to the section just below and activate the Teaching Guidelines.

c. The **Teaching Physician** tab displays a field for the **Resident**'s name followed by a series of questions to determine if the encounter being audited meets the **Teaching Physician Guidelines** as issued by CMS.

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d. The **Resident** field operates like the "Attending Provider" and "Requesting Provider" fields.

e. Simply click the drop down arrow in the field and choose the **New Resident** option. The **Residents Management** screen will appear. Fill in the necessary information, then click the **Save** and **Close** buttons.

f. See the Residents Help page for assistance with adding a resident.

g. The questions are answered by choosing the appropriate **Y** or **N** answer to each question.

h. Once you have started answering the questions you will see either a GC modifier which stands for "Guidelines Complete" or a GE modifier which stands for "Guidelines Exception". All questions along with the modifier will show on reports if you have that column selected. For more information see Reports.

i. An asterisk (*) will be displayed when the **Teaching Guidelines** have not been met.

> **Note:** Teaching visits with modifiers (*, **GC**, and **GE**) will be displayed in the **Teaching Physician (TP)** field on the **Visit Summaries** screen.

15. **Preventive Split Visit -**

a. This feature is only accessible when the **Preventive Medicine Services** service type is selected.

b. To audit a preventive split visit, click on the **Preventive Split**

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Visit text or checkbox. A **Split Visit** tab will appear in the box below with two questions to answer.

c. Upon saving the visit, you will be immediately directed to the patient screen where you can audit the second portion of the split visit.

16. **Incident To -** To answer questions regarding the "Incident To Requirements", see the **Incident To (IT)** tab toward the bottom of the screen.

17. **Audit Date -** This is the date that the audit took place. It is filled in automatically.

18. **Revised Date -** This is the last date that this audit was revised. It is also populated automatically.

19. **Notes & Note Macros -**

a. The left side text box (**Notes**) allows the user to add his/her own comments (free text) about the encounter, or the documentation, etc. for future reference or educational opportunities.

b. To change the appearance of your notes or to check your spelling, use the buttons available just above the **Notes** text box. It is recommended that only text be put into this box. Please do not put in tables or images in the **Notes** field.

c. The **Note Macros** button allows the reviewer to store specific notes for repetitive use in future audits. Using **Note Macros** can save the reviewer the time and effort of typing the same exact information over and over.

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d. When you add a **Note Macro** it will add it to both the Notes and Note Macros sides. This will ensure the integrity of the original Note Macro on the right side and still allow you to make notes with the Macro on the left side.

e. For additional instructions on how to use the **Note Macros** section (which is available from many screens), see the Note Macros help page.

20. Audit Prep -

a. If you want to "pre-enter" information to prepare for an upcoming audit, click on the **Audit Prep** button in the **Pending Audits** section toward the upper-left portion of the **Patient** screen.

b. Fill in the desired information.

c. Click **Save** to save the audit prep data. The **Pending Audits** box will show the audit prep data saved by Patient ID.

d. Click **Cancel** to close the **Audit Prep** screen without saving any information.

e. If you wish to import your audit prep data from a CSV (Comma Separated Values) file, click on the **Import** button and browse to the file, select the file, and click **Open**.

f. If you have questions about importing an Audit Prep, see Importing Audit Prep help page.

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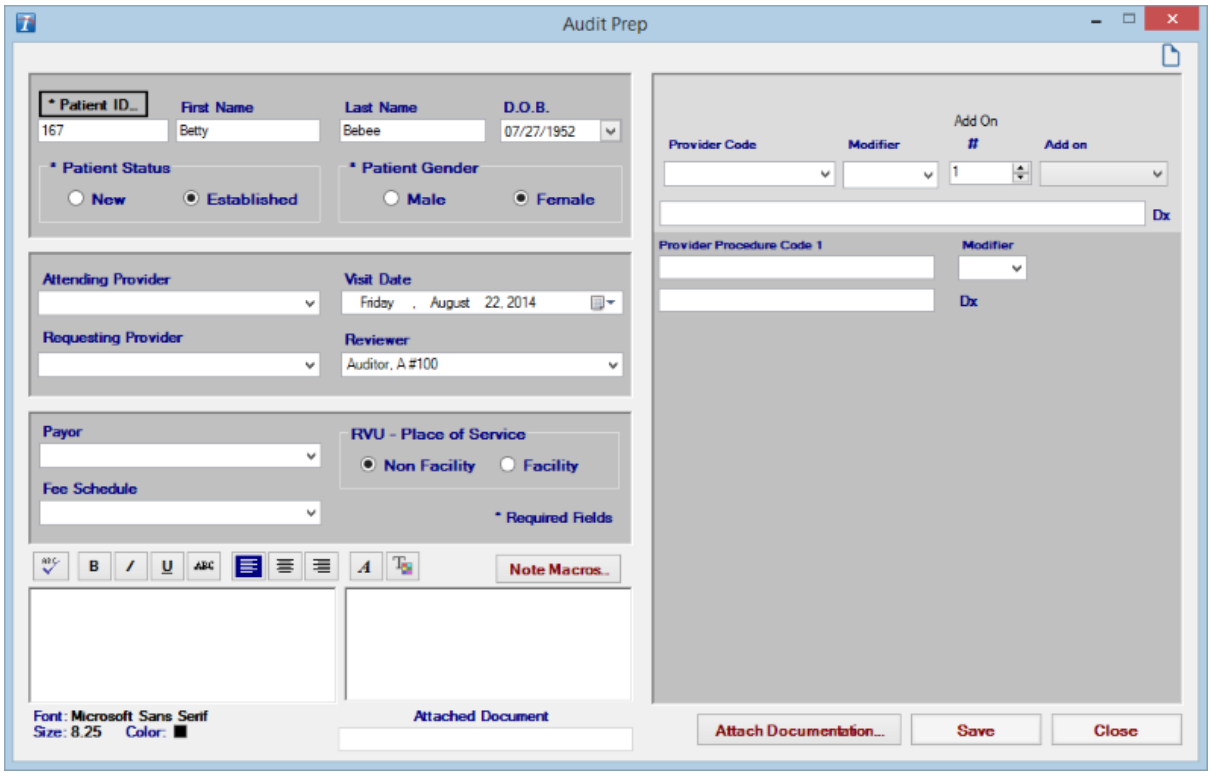

21. Assign Points -

a. To Assign Points and to set Re-Audit Criteria, click on the Assign Points button in the Re-Audits section.

b. Enter the number of points to be deducted (from a perfect score of "100") for each item on the left side of the screen.

c. Then enter the Re-Audit Criteria by clicking on the appropriate dropdown arrows to select the percentage or click on the textbox itself and type in the percentage.

d. To select the dates between which you would run re-audit notification for, click on the dropdown arrows just below the Re-Audit Notification Date Range heading to select the dates from the calendar, or you can also type the dates in.

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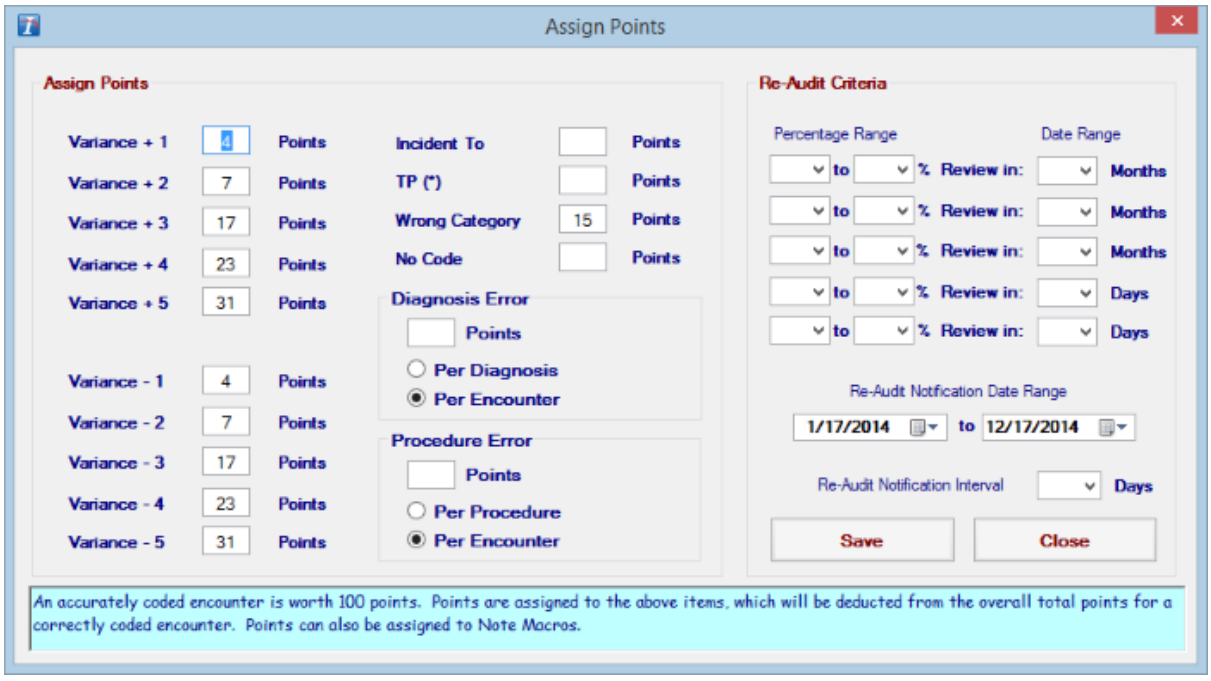
e. You can determine how often you would like the re-audit notification to occur. Click on the dropdown arrow just to the right of the Re-Audit Notification Interval heading to select the number of days or click on the textbox itself and type in the number.


Assign Points
Assign Points
Variance + 1 4 Points
Variance + 2 7 Points
Variance + 3 17 Points
Variance + 4 23 Points
Variance + 5 31 Points
Variance - 1 4 Points
Variance - 2 7 Points
Variance - 3 17 Points
Variance - 4 23 Points
Variance - 5 31 Points
Incident To Points
TP (*) Points
Wrong Category 15 Points
No Code Points
Diagnosis Error
Points
Per Diagnosis
Per Encounter
Procedure Error
Points
Per Procedure
Per Encounter
Re-Audit Criteria
Percentage Range
Date Range
to % Review in: Months
to % Review in: Months
to % Review in: Months
to % Review in: Days
to % Review in: Days
Re-Audit Notification Date Range
1/17/2014 to 12/17/2014
Re-Audit Notification Interval Days
Save
Close
An accurately coded encounter is worth 100 points. Points are assigned to the above items, which will be deducted from the overall total points for a correctly coded encounter. Points can also be assigned to Note Macros.

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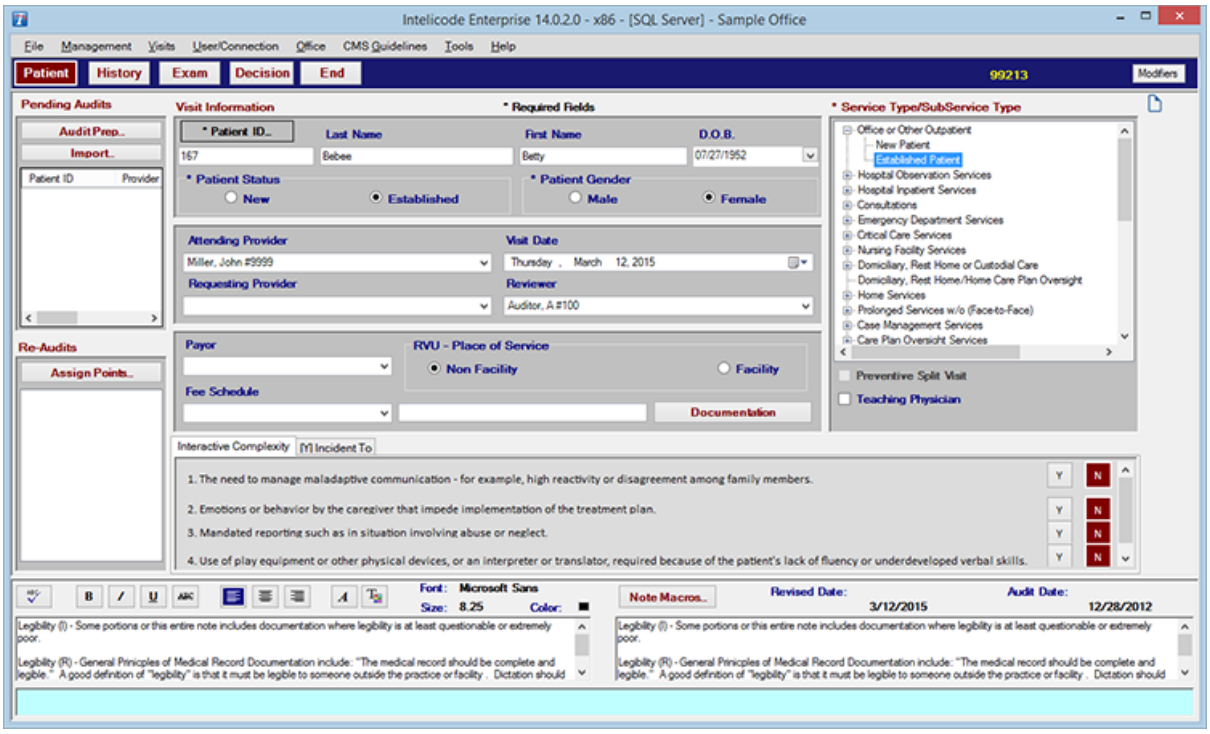
Intelicode Enterprise 14.0.2.0 - x86 - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
99213
Modifiers
Pending Audits
Audit Prep..
Import..
Patient ID Provider
Visit Information
* Required Fields
* Patient ID..
Last Name
First Name
D.O.B.
167
Bebee
Betty
07/27/1952
* Patient Status
New
Established
* Patient Gender
Male
Female
Attending Provider
Miller, John #9999
Visit Date
Thursday , March 12, 2015
Requesting Provider
Reviewer
Auditor, A #100
Re-Audits
Assign Points..
Payor
RVU - Place of Service
Non Facility
Facility
Fee Schedule
Documentation
* Service Type/SubService Type
Office or Other Outpatient
New Patient
Established Patient
Hospital Observation Services
Hospital Inpatient Services
Consultations
Emergency Department Services
Critical Care Services
Nursing Facility Services
Domiciliary, Rest Home or Custodial Care
Domiciliary, Rest Home/Home Care Plan Oversight
Home Services
Prolonged Services w/o (Face-to-Face)
Case Management Services
Care Plan Oversight Services
Preventive Split Visit
Teaching Physician
Interactive Complexity
[Y] Incident To
1. The need to manage maladaptive communication - for example, high reactivity or disagreement among family members.
2. Emotions or behavior by the caregiver that impede implementation of the treatment plan.
3. Mandated reporting such as in situation involving abuse or neglect.
4. Use of play equipment or other physical devices, or an interpreter or translator, required because of the patient's lack of fluency or underdeveloped verbal skills.
Font: Microsoft Sans
Size: 8.25
Color:
Note Macros..
Revised Date:
3/12/2015
Audit Date:
12/28/2012
Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility . Dictation should

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4.2 History Screen

On this screen, you select the various History elements documented for the encounter being audited. Intelicode keeps track of the counting! As a helpful reference, when a mouse is positioned over a particular History element, a definition and/or explanation is given in the light blue help box across the bottom of the screen.

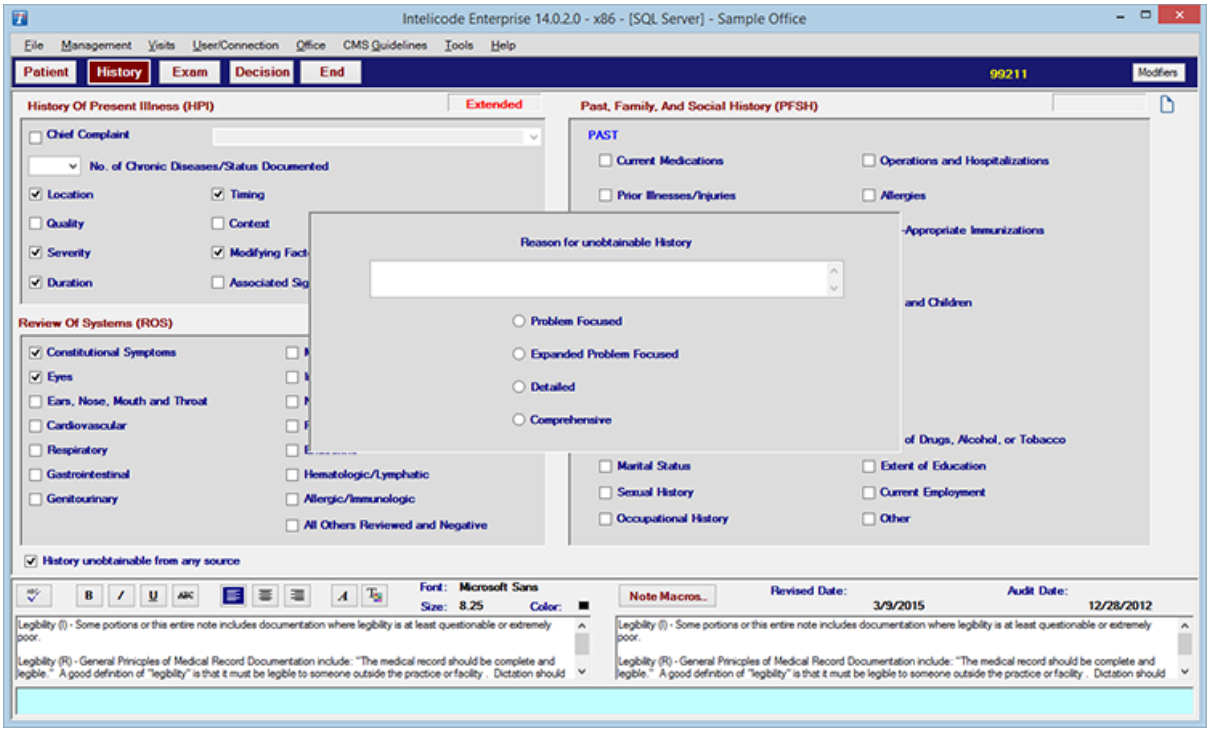
1. **History unobtainable from any source:**

   a. If additional history was not obtainable from any source, look toward the bottom of the page to where it says, **History unobtainable from any source**. Check the box by clicking

on the box or on the text itself. A small popup will appear in the middle of the screen.

b. In the text box, type in an explanation of the reason that the History was unobtainable.

c. Select the appropriate **History Level** by clicking on the appropriate text or the circle to the left of the text. Only one of these can be selected.



2. History of Present Illness (HPI):

a. If the Chief Complaint was documented, check the box to indicate this, then select the chief complaint by clicking on the white box to the right and then clicking on the appropriate item. If the chief complaint you are looking for is not available in the list, you can type it in.

b. Next, indicate the No. of Chronic Diseases/Status

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Documented by clicking on the white box just to the left of this heading.

c. Then, indicate the appropriate HPI items (i.e. Location, Quality, Severity, etc.) by clicking the box or the text itself.

3. **Review of Systems (ROS)**

a. Check any (ROS) item that applies by clicking on the box or the text itself.

4. **Past, Family, and Social History (PFSH):**

a. Check any PAST item that applies by clicking on the box or the text itself.

b. Check any FAMILY item that applies by clicking on the box or the text itself.

c. Check any SOCIAL item that applies by clicking on the box or the text itself.

5. **Notes** can also be added on this screen. See the two (2) white text boxes at the bottom of the page. For help regarding the Note Macros, See the Note Macros help page.

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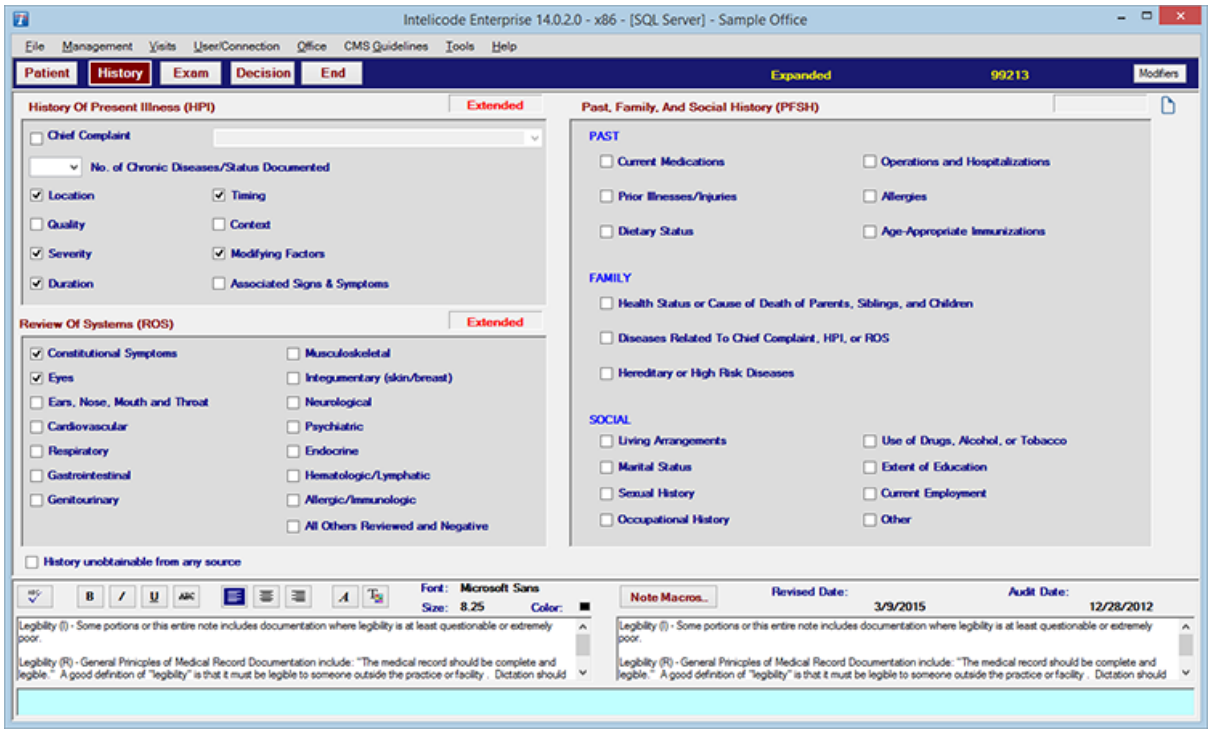

6. IPPE History:

a. There is one Subservice that will give this particular History. That is the G0402 Welcome to Medicare.

b. If you have selected this Subservice, the History will look like it does below (see picture below).

c. There are three (3) categories in this History: **History**, **Examination**, **and Counseling.** These also have individual sections under them, but these are the main three.

d. There is only either a Comprehensive Level of History or no level of History.

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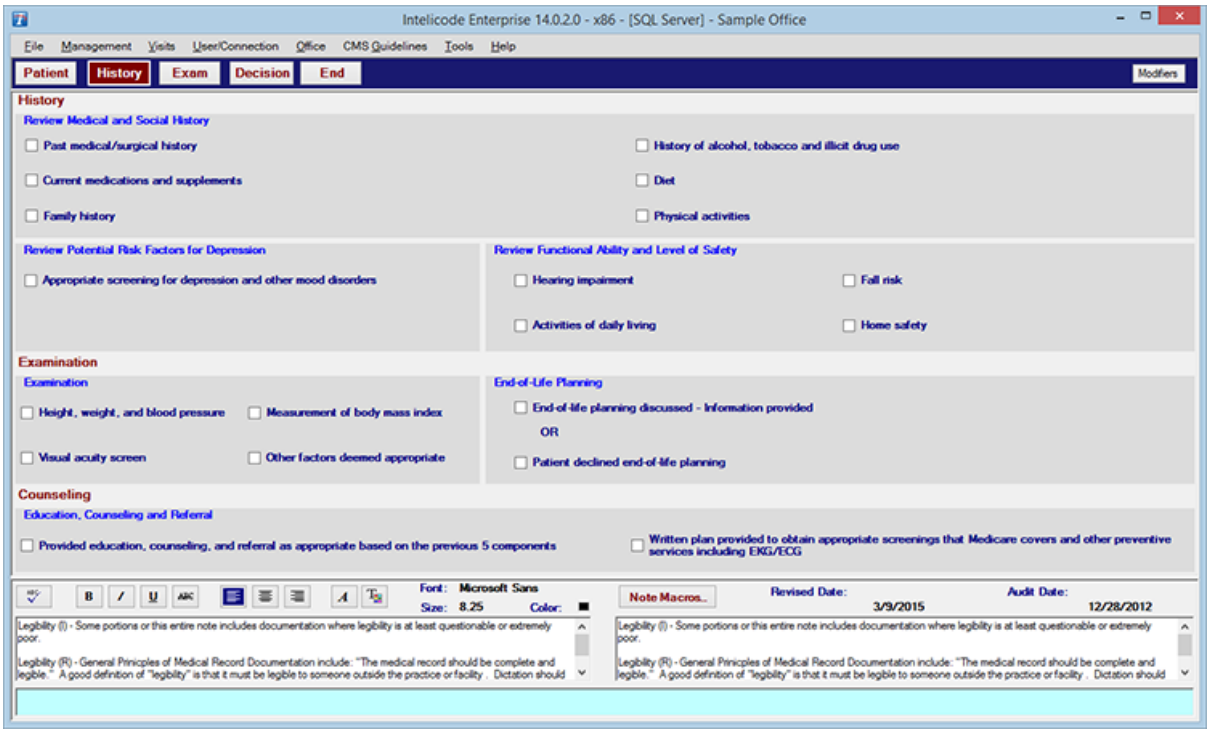
Intelicode Enterprise 14.0.2.0 - x86 - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
Modifiers
History
Review Medical and Social History
Past medical/surgical history
History of alcohol, tobacco and illicit drug use
Current medications and supplements
Diet
Family history
Physical activities
Review Potential Risk Factors for Depression
Appropriate screening for depression and other mood disorders
Review Functional Ability and Level of Safety
Hearing impairment
Fall risk
Activities of daily living
Home safety
Examination
Examination
Height, weight, and blood pressure
Measurement of body mass index
Visual acuity screen
Other factors deemed appropriate
End-of-Life Planning
End-of-life planning discussed - Information provided
OR
Patient declined end-of-life planning
Counseling
Education, Counseling and Referral
Provided education, counseling, and referral as appropriate based on the previous 5 components
Written plan provided to obtain appropriate screenings that Medicare covers and other preventive services including EKG/ECG
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Size: 8.25
Color:
Note Macros..
Revised Date: 3/9/2015
Audit Date: 12/28/2012

7. Annual Wellness Visit:

a. There are two Subservices that will give this History type. They are the G0438 Annual Wellness Visit, Initial Visit & G0439 Annual Wellness Visit, Subsequent Visit. If you have selected either of these Subservices the History will look like it does below (see picture below). There are four (4) categories in this History: History, Potential Risk Factors and Level of Safety, Assessment, and Counsel Beneficiary. There is only either a Comprehensive Level of History or no level of History.

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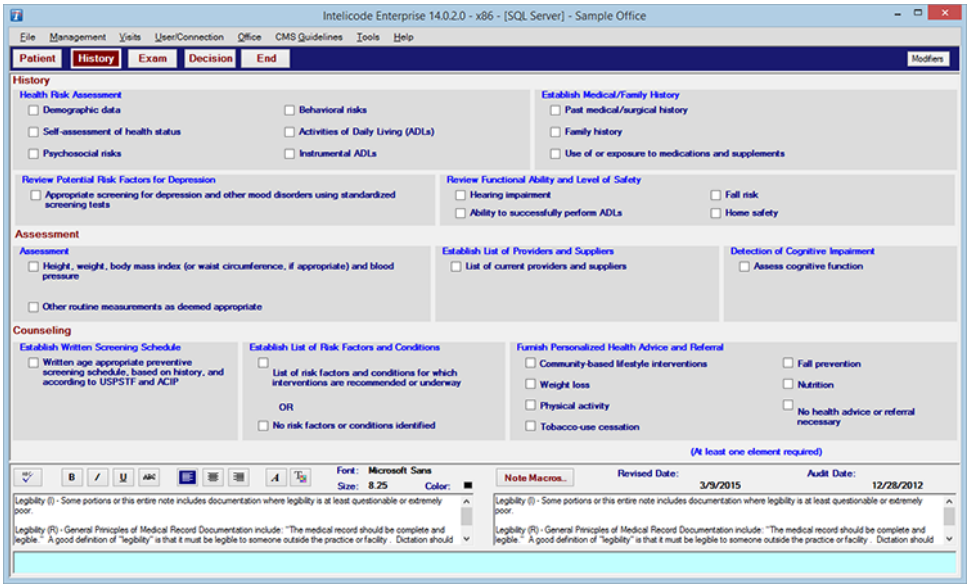
Intelicode Enterprise 14.0.2.0 - x86 - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
Modifiers
History
Health Risk Assessment
Demographic data
Behavioral risks
Self-assessment of health status
Activities of Daily Living (ADLs)
Psychosocial risks
Instrumental ADLs
Establish Medical/Family History
Past medical/surgical history
Family history
Use of or exposure to medications and supplements
Review Potential Risk Factors for Depression
Appropriate screening for depression and other mood disorders using standardized screening tests
Review Functional Ability and Level of Safety
Hearing impairment
Ability to successfully perform ADLs
Fall risk
Home safety
Assessment
Assessment
Height, weight, body mass index (or waist circumference, if appropriate) and blood pressure
Other routine measurements as deemed appropriate
Establish List of Providers and Suppliers
List of current providers and suppliers
Detection of Cognitive Impairment
Assess cognitive function
Counseling
Establish Written Screening Schedule
Written age appropriate preventive screening schedule, based on history, and according to USPSTF and ACIP
Establish List of Risk Factors and Conditions
List of risk factors and conditions for which interventions are recommended or underway
OR
No risk factors or conditions identified
Furnish Personalized Health Advice and Referral
Community-based lifestyle interventions
Weight loss
Physical activity
Tobacco-use cessation
Fall prevention
Nutrition
No health advice or referral necessary
(At least one element required)
Font: Microsoft Sans
Size: 8.25
Color:
Note Macros..
Revised Date:
3/9/2015
Audit Date:
12/28/2012

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4.3 Exam Screen

The **Exam** screen will display the exam elements relevant to the type of exam selected.

1. **Exam Type:**

   a. The **Exam Types** are displayed on the left side of the screen.

   b. Select the **Exam Type** by clicking on the appropriate text. The corresponding **Systems/Body Areas** will display in the second column, right next to the exam type.

   c. You may audit any given encounter in multiple exam types, and Intelicode will save all of the utilized exam types and will tell you when you have not chosen the exam type displaying

the highest level of service.

d. To audit an additional exam type after you have followed the steps below for the current exam type, repeat these steps after selecting a different Exam Type.

2. 1997 Exams:

a. The applicable **Systems/Body Areas** are displayed in the second column. To select a desired Systems/Body Area, click on the check box beside the System/Body Area name itself. The individual exam elements for the selected System/Body Area will be displayed on the right side of the screen.

b. To select individual elements, click on the element itself. The text will become bold and maroon in color.

c. Intelicode is keeping track of the selected elements and will update the **Exam Level**. If a level is applicable, it is shown in yellow at the top of the screen.

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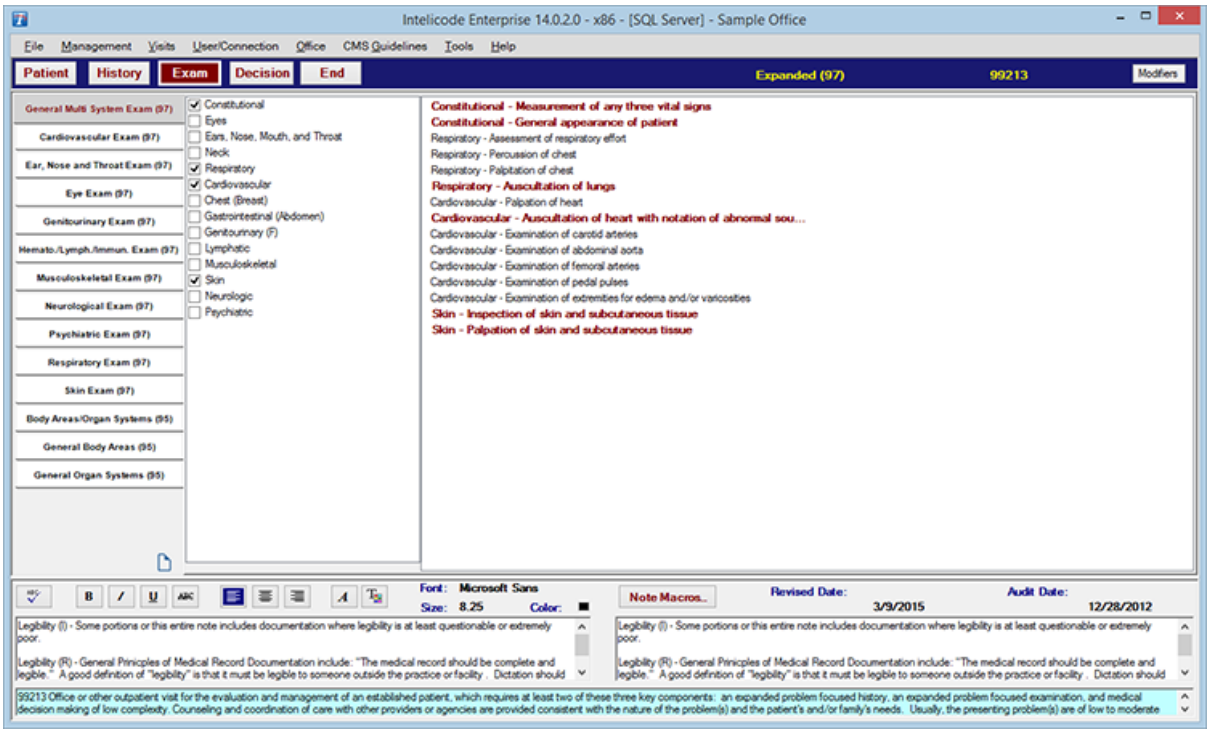
Intelicode Enterprise 14.0.2.0 - x86 - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
Expanded (97)
99213
Modifiers
General Multi System Exam (97)
Cardiovascular Exam (97)
Ear, Nose and Throat Exam (97)
Eye Exam (97)
Genitourinary Exam (97)
Hemato./Lymph./Immun. Exam (97)
Musculoskeletal Exam (97)
Neurological Exam (97)
Psychiatric Exam (97)
Respiratory Exam (97)
Skin Exam (97)
Body Areas/Organ Systems (95)
General Body Areas (95)
General Organ Systems (95)
Constitutional
Eyes
Ears, Nose, Mouth, and Throat
Neck
Respiratory
Cardiovascular
Chest (Breast)
Gastrointestinal (Abdomen)
Genitourinary (F)
Lymphatic
Musculoskeletal
Skin
Neurologic
Psychiatric
Constitutional - Measurement of any three vital signs
Constitutional - General appearance of patient
Respiratory - Assessment of respiratory effort
Respiratory - Percussion of chest
Respiratory - Palpitation of chest
Respiratory - Auscultation of lungs
Cardiovascular - Palpation of heart
Cardiovascular - Auscultation of heart with notation of abnormal sou...
Cardiovascular - Examination of carotid arteries
Cardiovascular - Examination of abdominal aorta
Cardiovascular - Examination of femoral arteries
Cardiovascular - Examination of pedal pulses
Cardiovascular - Examination of extremities for edema and/or varicosities
Skin - Inspection of skin and subcutaneous tissue
Skin - Palpation of skin and subcutaneous tissue
Font: Microsoft Sans
Size: 8.25
Color:
Note Macros..
Revised Date:
3/9/2015
Audit Date:
12/28/2012
Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility . Dictation should
99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history, an expanded problem focused examination, and medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate

3. 1995 Exams:

a. Upon clicking on a 1995 **Exam Type**, the applicable **Body Areas** and **Organ Systems** will display on the right side of the screen.

b. To select individual elements, click on the element itself. The text will become bold and maroon in color.

c. There are exam elements in the 1995 exam that are specifically designed to allow the auditor/reviewer to reflect examination as accurately as possible. These elements indicate a "Limited exam" or a "Detailed exam" relating to how the presenting problem was performed.

d. The **"Limited Examination"** element will allow the auditor/reviewer to keep the level of exam at **Expanded** (when appropriate) when 2 to 7 **Body Areas** or **Organ Systems** elements are selected.

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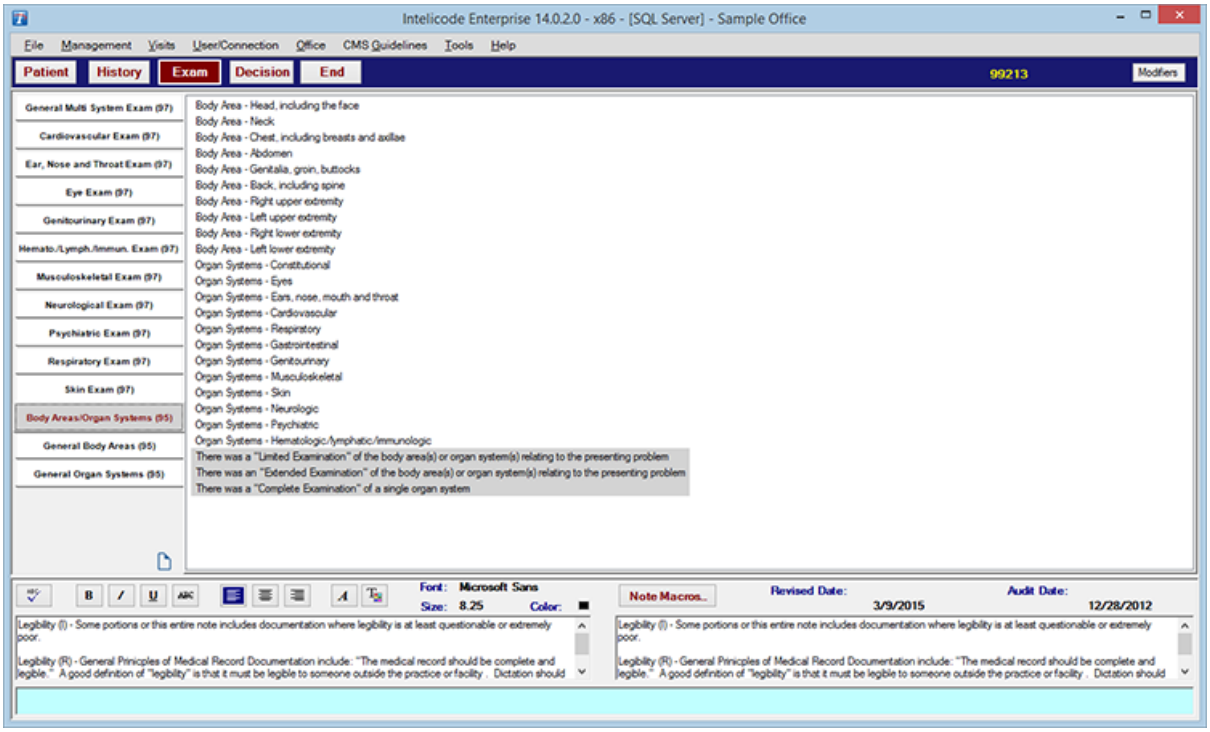
e. The **"Extended Examination"** element will allow the auditor/reviewer to make the level of exam **Detailed**(when appropriate) when 2 to 7 **Body Areas** or **Organ Systems** elements are selected.

f. The **"Complete Examination"** element will allow the auditor/reviewer to make the level of exam **Comprehensive** (when appropriate) when any **Organ Systems** elements are selected.


Intelicode Enterprise 14.0.2.0 - x86 - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
99213
Modifiers
General Multi System Exam (97)
Cardiovascular Exam (97)
Ear, Nose and Throat Exam (97)
Eye Exam (97)
Genitourinary Exam (97)
Hemato./Lymph./Immun. Exam (97)
Musculoskeletal Exam (97)
Neurological Exam (97)
Psychiatric Exam (97)
Respiratory Exam (97)
Skin Exam (97)
Body Areas/Organ Systems (95)
General Body Areas (95)
General Organ Systems (95)
Body Area - Head, including the face
Body Area - Neck
Body Area - Chest, including breasts and axillae
Body Area - Abdomen
Body Area - Genitalia, groin, buttocks
Body Area - Back, including spine
Body Area - Right upper extremity
Body Area - Left upper extremity
Body Area - Right lower extremity
Body Area - Left lower extremity
Organ Systems - Constitutional
Organ Systems - Eyes
Organ Systems - Ears, nose, mouth and throat
Organ Systems - Cardiovascular
Organ Systems - Respiratory
Organ Systems - Gastrointestinal
Organ Systems - Genitourinary
Organ Systems - Musculoskeletal
Organ Systems - Skin
Organ Systems - Neurologic
Organ Systems - Psychiatric
Organ Systems - Hematologic/lymphatic/immunologic
There was a "Limited Examination" of the body area(s) or organ system(s) relating to the presenting problem
There was an "Extended Examination" of the body area(s) or organ system(s) relating to the presenting problem
There was a "Complete Examination" of a single organ system
Font: Microsoft Sans
Size: 8.25
Color:
Note Macros..
Revised Date:
3/9/2015
Audit Date:
12/28/2012

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4.4 Decision Screen

The Decision Screen is the final component of the three key elements required in documenting an E&M Service and is broken down into three sections. Choose any of the following topics to see what is required on each

tab under Decision.

4.4.1 Diagnosis/Management

On the **Diagnosis** tab, you select the number of diagnoses or problems that are applicable to the encounter being audited.

1. Select the appropriate number from the drop down box for each option.
2. Intelicode keeps track of the counting! The level or counts for the **Diagnosis/Management Options** portion of the encounter elements selected will appear in maroon in the upper left corner of the screen.
3. When the mouse is positioned over a specific statement, the actual corresponding quotation from the **Documentation Guidelines** will appear in the light blue help box across the bottom of the page as an additional reference.

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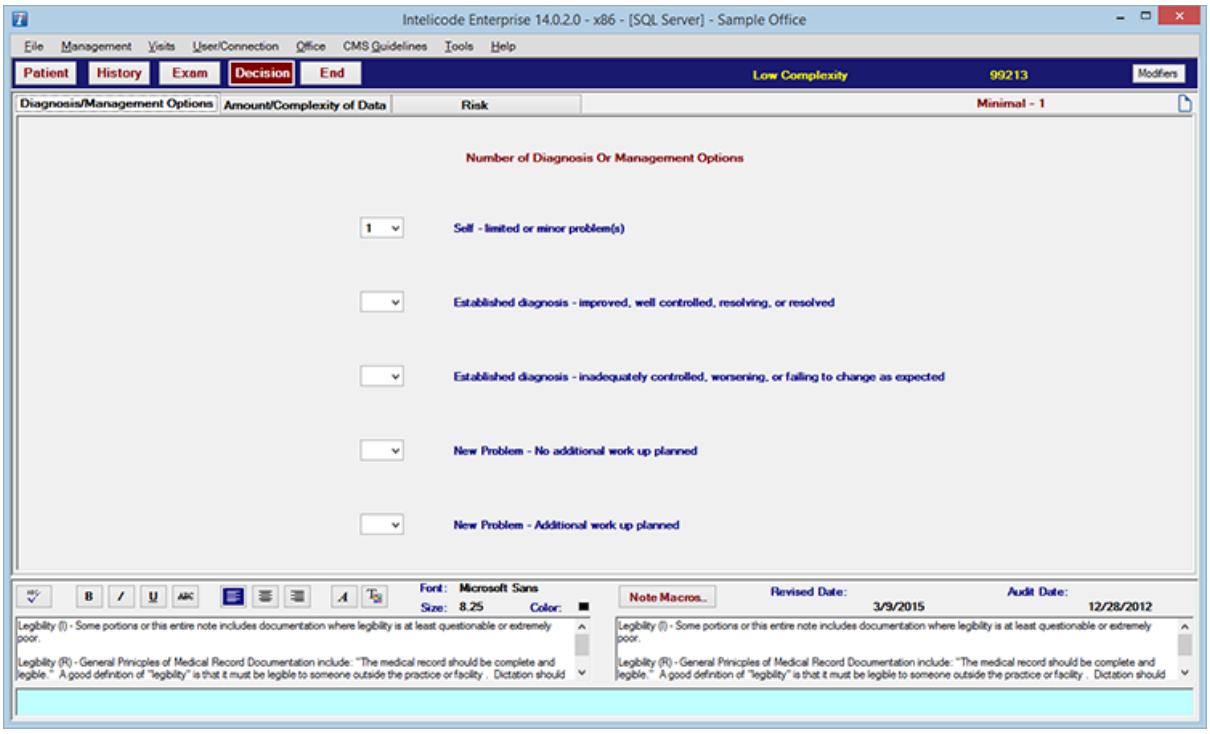
Intelicode Enterprise 14.0.2.0 - x86 - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
Low Complexity
99213
Modifiers
Diagnosis/Management Options
Amount/Complexity of Data
Risk
Minimal - 1
Number of Diagnosis Or Management Options
Self - limited or minor problem(s)
Established diagnosis - improved, well controlled, resolving, or resolved
Established diagnosis - inadequately controlled, worsening, or failing to change as expected
New Problem - No additional work up planned
New Problem - Additional work up planned
Font: Microsoft Sans
Size: 8.25
Color:
Note Macros..
Revised Date:
3/9/2015
Audit Date:
12/28/2012

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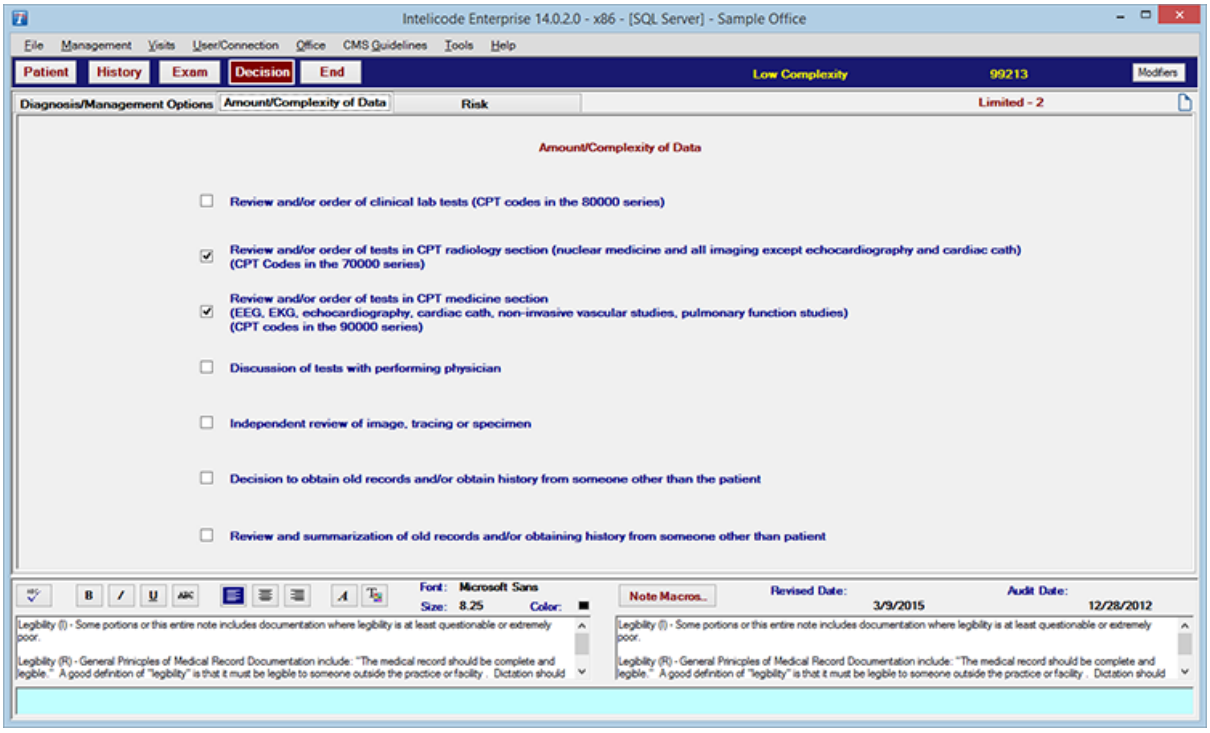
4.4.2 Amount/Complexity of Data

Recording the **Amount/Complexity of Data** documented in a record being audited is easy.

1. Simply select those items that have been documented by clicking on the check box next to the statement or by clicking on the statement itself.
2. Select as many elements or statements as are relevant/supported by the encounter documentation.
3. To unselect an item, simply click the check box or statement again.

4. As an additional reference, when a mouse is positioned over a specific statement, the actual corresponding quotation from the **Documentation Guidelines** will appear in the light blue help box across the bottom of the page.

5. Intelicode is keeping track of your selections. The level or counts for the **Amount/Complexity of Data** portion of the encounter elements selected will appear in maroon in the upper right part of the screen.


Intelicode Enterprise 14.0.2.0 - x86 - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
Low Complexity
99213
Modifiers
Diagnosis/Management Options
Amount/Complexity of Data
Risk
Limited - 2
Amount/Complexity of Data
Review and/or order of clinical lab tests (CPT codes in the 80000 series)
Review and/or order of tests in CPT radiology section (nuclear medicine and all imaging except echocardiography and cardiac cath) (CPT Codes in the 70000 series)
Review and/or order of tests in CPT medicine section (EEG, EKG, echocardiography, cardiac cath, non-invasive vascular studies, pulmonary function studies) (CPT codes in the 90000 series)
Discussion of tests with performing physician
Independent review of image, tracing or specimen
Decision to obtain old records and/or obtain history from someone other than the patient
Review and summarization of old records and/or obtaining history from someone other than patient
Font: Microsoft Sans
Size: 8.25
Color:
Note Macros..
Revised Date: 3/9/2015
Audit Date: 12/28/2012

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4.4.3 Risk

The Decision Screen is the final component of the three key elements required in documenting an E&M Service and is broken down into three

sections. Choose any of the following topics to see what is required on each tab under Decision.

4.4.3.1 Presenting Problems

The **Presenting Problem(s)** screen of the three **Risk** screens is used to indicate the level of risk associated with the presenting problem documented for the encounter being audited.

1. To select the desired level of presenting problem risk, click the element on the right side of the screen. The selected risk element will be shown in a bold, maroon text.
2. The elements are categorized by level. The highest corresponding **Risk Level** (e.g. minimal, low, moderate, high) will appear in the upper right part of the screen.
3. To unselect any element, simply click that element again. It will turn back to a black text.
4. To add a risk element, right-click in the area where the risk elements are listed and click **Add Risk Item**. This will take you to the Risk Elements screen where you can add a risk element.

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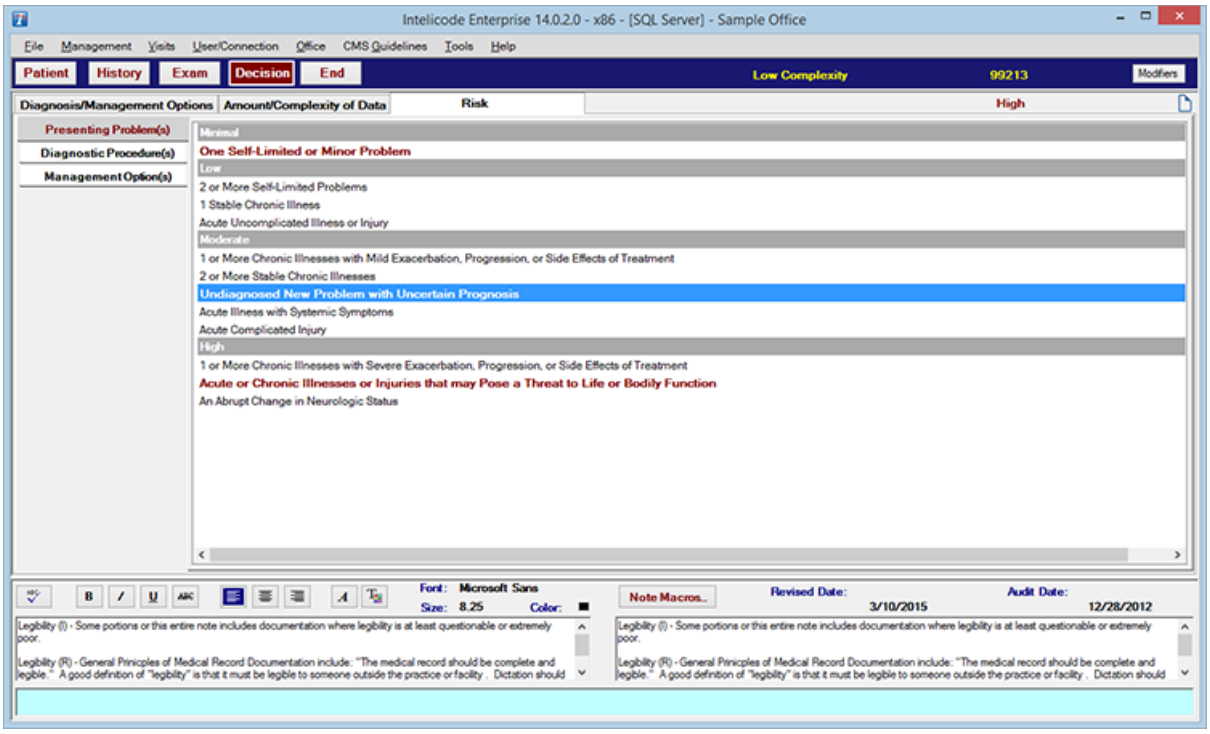
Intelicode Enterprise 14.0.2.0 - x86 - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
Low Complexity
99213
Modifiers
Diagnosis/Management Options
Amount/Complexity of Data
Risk
High
Presenting Problem(s)
Diagnostic Procedure(s)
Management Option(s)
Minimal
One Self-Limited or Minor Problem
Low
2 or More Self-Limited Problems
1 Stable Chronic Illness
Acute Uncomplicated Illness or Injury
Moderate
1 or More Chronic Illnesses with Mild Exacerbation, Progression, or Side Effects of Treatment
2 or More Stable Chronic Illnesses
Undiagnosed New Problem with Uncertain Prognosis
Acute Illness with Systemic Symptoms
Acute Complicated Injury
High
1 or More Chronic Illnesses with Severe Exacerbation, Progression, or Side Effects of Treatment
Acute or Chronic Illnesses or Injuries that may Pose a Threat to Life or Bodily Function
An Abrupt Change in Neurologic Status
Font: Microsoft Sans
Size: 8.25
Color:
Note Macros..
Revised Date:
3/10/2015
Audit Date:
12/28/2012

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4.4.3.2 Diagnostic Procedures

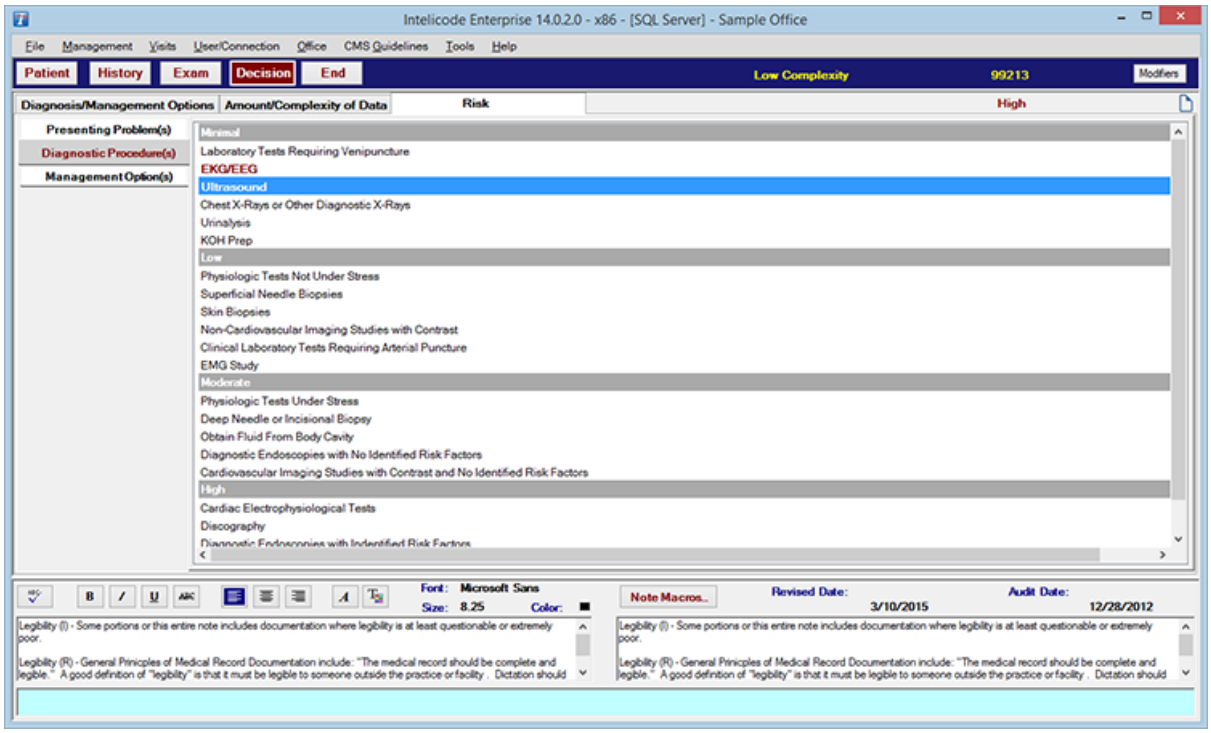
The **Diagnostic Procedure(s)** screen of the three **Risk** screens is used to indicate the level of risk associated with the review or ordering of diagnostic procedures or services documented, if applicable.

1. To select the desired level of Diagnostic Procedures Risk, click the element on the right side of the screen. The selected risk element will be shown in a bold, maroon text.

2. The elements are categorized by level. The highest corresponding **Risk Level** (e.g. minimal, low, moderate, high) will appear in the upper right part of the screen.

3. To unselect any element, simply click that element again. It will turn back to a black text.

4. To add a risk element, right-click in the area where the risk elements are listed and click **Add Risk Item**. This will take you to the Risk Elements screen where you can add a risk element.



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4.4.3.3 Management Options

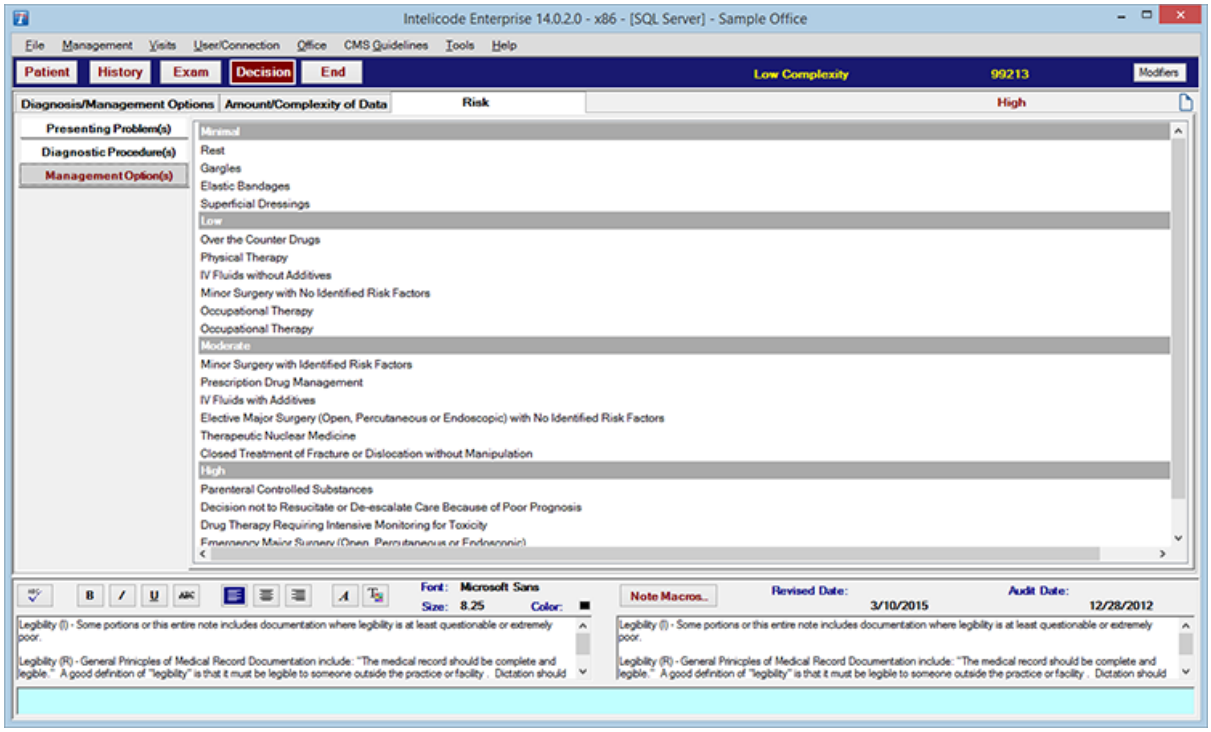
The **Management Option(s)** screen of the three **Risk** screens is used to indicate the level of risk associated with the management options documented for the encounter being audited.

1. To select the desired level of Management Options Risk, click the element on the right side of the screen. The selected risk element will be shown in a bold, maroon text.

2. The elements are categorized by level. The highest corresponding **Risk Level** (e.g. minimal, low, moderate, high) will appear in the upper right part of the screen.

3. To unselect any element, simply click that element again. It will turn back to a black text.

4. To add a risk element, right-click in the area where the risk elements are listed and click **Add Risk Item**. This will take you to the Risk Elements screen where you can add a risk element.



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4.5 End Screen

The **End** screen displays a summary of the information that you have entered up to this point and gives you the opportunity to make changes or add other pertinent data.

1. **Code -** The audited code (the code produced by the information entered by the reviewer) will appear in the upper right corner of the screen in yellow font.

2. **Visit Information -**

   a. The information shown in this section (left side) of the screen is a culmination of the encounter information the reviewer has entered up to this point.

   b. If information reflected on this portion of the screen is incorrect, return to the screen where the original information was entered to make the appropriate changes.

3. **Comparison -**

   a. If **Time** is a factor in the encounter being audited, enter the **Face to Face** time in the appropriate field by clicking on the text box and entering the documented Face-to-Face time.

   b. Additionally, enter the documented **Counseling** time in the appropriate field by clicking on the text box and entering the documented Counseling time.

   c. If the Counseling time is 50% or more of the total Face-to-Face time, Intelicode will automatically adjust to reflect the appropriate code in the selected service category in relation to the times entered. This will, however, only work for certain

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codes.

d. If you wish to remove Face-to-Face or Counseling times, simply double-click on the corresponding text box to select the text and press the **Delete** key.

e. Intelicode calculates the **Reviewer E&M** based on what has been selected in each of the screens (**History**, **Exam**, **Decision**).

f. Select the **Provider E&M** from the list of E&M codes in the middle of the screen at the top.

g. A **Variance** is calculated based on the code difference. When the **Reviewer E&M** and the **Provider E&M** are from different **Service Categories** (i.e. **Office/ Outpatient** vs. **Consultation**), the Variance will show as **"WC"** or "Wrong Category". You are allowed to select a different variance from the drop down list if you wish.

h. The **Conversion Factor %** you set in the **Preferences** will show here. You can still change it for the visit if you wish. Just click the up or down arrows to change the percentage by one hundredth (.01) or type the number in.

i. **Fee** differences will also be calculated for **E&M**, **Other Services**, and **Total** based on the information in the **Fee Schedule** that you have selected.

j. **RVU** numbers are also calculated for each of the above three categories based on the information in the **Fee Schedule** that you have selected.

k. **Provider E&M -** The code used by the provider for billing

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the encounter being audited.

l. **Reviewer E&M -** The audited/reviewed code (the code produced by the information entered by the reviewer) will appear in the upper right corner of each screen in yellow font and in the **Reviewer E&M** field in the **Comparison** area.

m. **Modifier -** This is the **Modifier** field (located next to the **Provider E&M** and **Reviewer E&M** fields) for the Provider and Reviewer E&M. Select the appropriate modifier, if applicable, by clicking on the drop down arrow and clicking on the desired modifier.

n. **Fee Schedule -**

i. The **Fee Schedule** field will display the fee schedule utilized to produce the comparison **Overbilled** or **Underbilled** amount.

ii. This field also allows the reviewer to change the fee schedule for the encounter being audited if more than one fee schedule is loaded.

iii. If no fee schedule amounts are loaded, the **Overbilled** or **Underbilled** field will remain blank in applicable situations.

4. **E&M Services -**

a. Begin typing the **Diagnosis Code** used by the provider when billing the audited encounter, when applicable, if desired. A list of codes will pop up for you to select from.

b. If the reviewer agrees with the provider, just click

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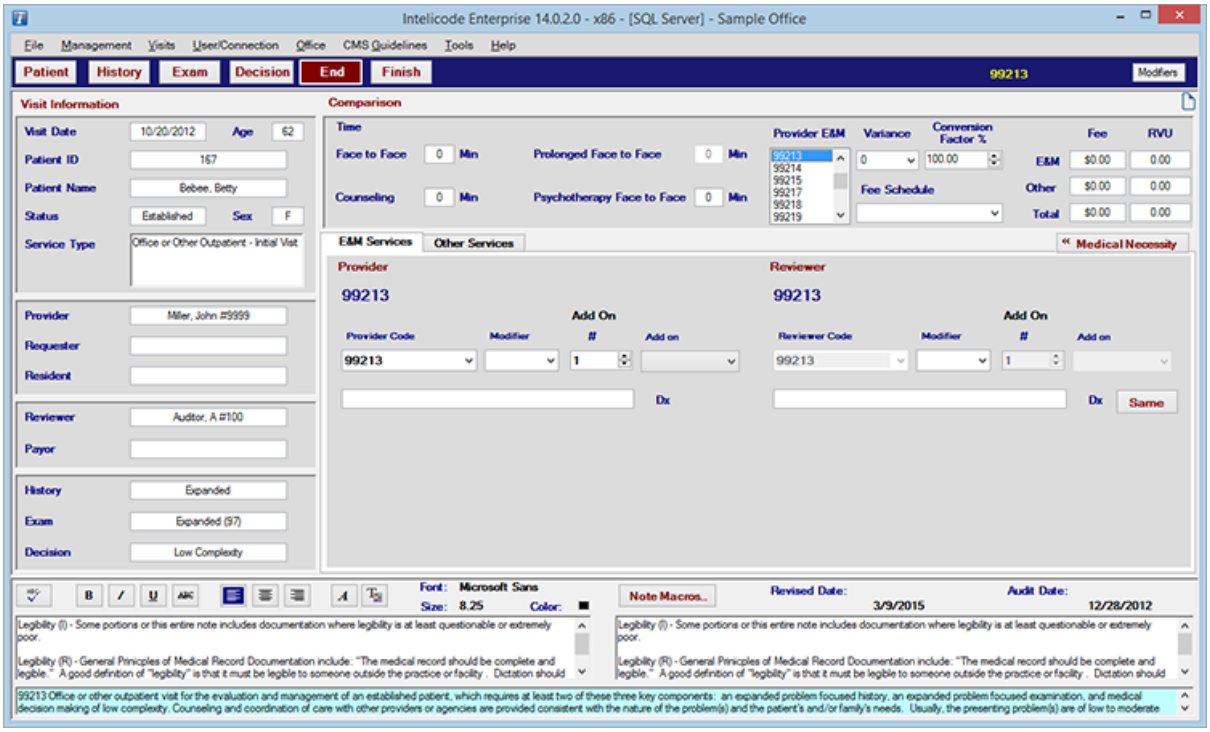
the **Same** button. The fields will populate to agree with the provider data.

c. Otherwise, if appropriate, in the same manner as was done for the provider select the **Reviewer** diagnosis code(s).

d. The diagnosis codes are pre-loaded by Intelicode.



5. Other Services -

a. Provider Section

i. The **Other Services** tab allows you to choose —for both **Provider** and **Reviewer**— an unlimited number of **Procedure Codes** and an unlimited number of **Diagnosis Codes** for each **Procedure Code**.

ii. Begin typing the first **Procedure Code** in the white box under the **Provider Procedure Code I**heading. A list of procedure codes will pop up. You can then select the

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appropriate code.

iii. If appropriate, select a modifier by clicking on the box underneath the **Modifier** heading just to the right of the Provider Procedure Code.

iv. Then, click in the **Dx** text box just below the procedure code and begin typing the first **Diagnosis Code** for this procedure code. A list of diagnosis codes will pop up. You can then select the appropriate code. Repeat, as necessary, for as many diagnosis codes are needed.

v. For any additional procedure codes, repeat the process above starting with **Provider Procedure Code 2**.

b. Reviewer Section

i. If the reviewer agrees, simply click the **Same** button. The data will be populated to match the provider data.

ii. If there is any disagreement, you will need to enter the information just as it was described above for the **Provider** section.

iii. For any additional procedure codes, repeat the process above starting with **Reviewer Procedure Code 2**.

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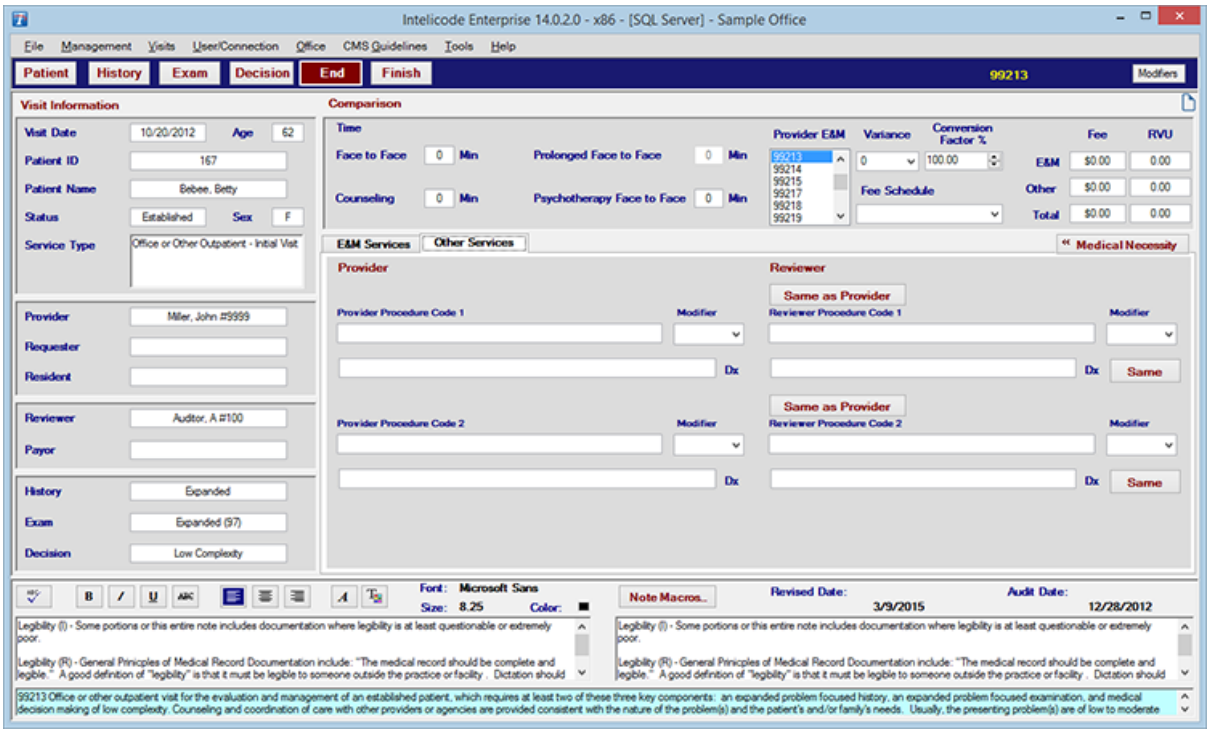
Intelicode Enterprise 14.0.2.0 - x86 - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End Finish
99213
Modifiers
Visit Information
Comparison
Visit Date 10/20/2012 Age 62
Patient ID 167
Patient Name Bebee, Betty
Status Established Sex F
Service Type Office or Other Outpatient - Initial Visit
Provider Miller, John #9999
Requester
Resident
Reviewer Auditor, A #100
Payor
History Expanded
Exam Expanded (97)
Decision Low Complexity
Time
Face to Face 0 Min
Prolonged Face to Face 0 Min
Counseling 0 Min
Psychotherapy Face to Face 0 Min
Provider E&M
99213
99214
99215
99217
99218
99219
Variance
Conversion Factor %
100.00
Fee Schedule
Fee RVU
E&M $0.00 0.00
Other $0.00 0.00
Total $0.00 0.00
E&M Services Other Services
Medical Necessity
Provider
Reviewer
Same as Provider
Provider Procedure Code 1
Modifier
Reviewer Procedure Code 1
Dx
Same
Provider Procedure Code 2
Reviewer Procedure Code 2
Font: Microsoft Sans
Size: 8.25
Color:
Note Macros..
Revised Date: 3/9/2015
Audit Date: 12/28/2012
Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility . Dictation should
99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history, an expanded problem focused examination, and medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate

6. Medical Necessity -

a. When you click on the **Medical Necessity** button, three questions become visible.

b. If the first question is answered **"Y"**, the other two questions are not applicable and are, therefore, not available to answer.

c. If the first question is answered **"N"**, the second question becomes available to answer. If you answer **"Y"**--that you want to manually override the Reviewer E & M based on the presenting problem--a list of E&M codes will appear. Select the appropriate code by clicking on the text. The third question will not be applicable or available.

d. If the second question is answered **"N"**, the third question becomes available to answer. If you answer **"Y"**--that you want to base the Review E&M on the MDM--the code in the upper-right corner of the screen will change. If you answer

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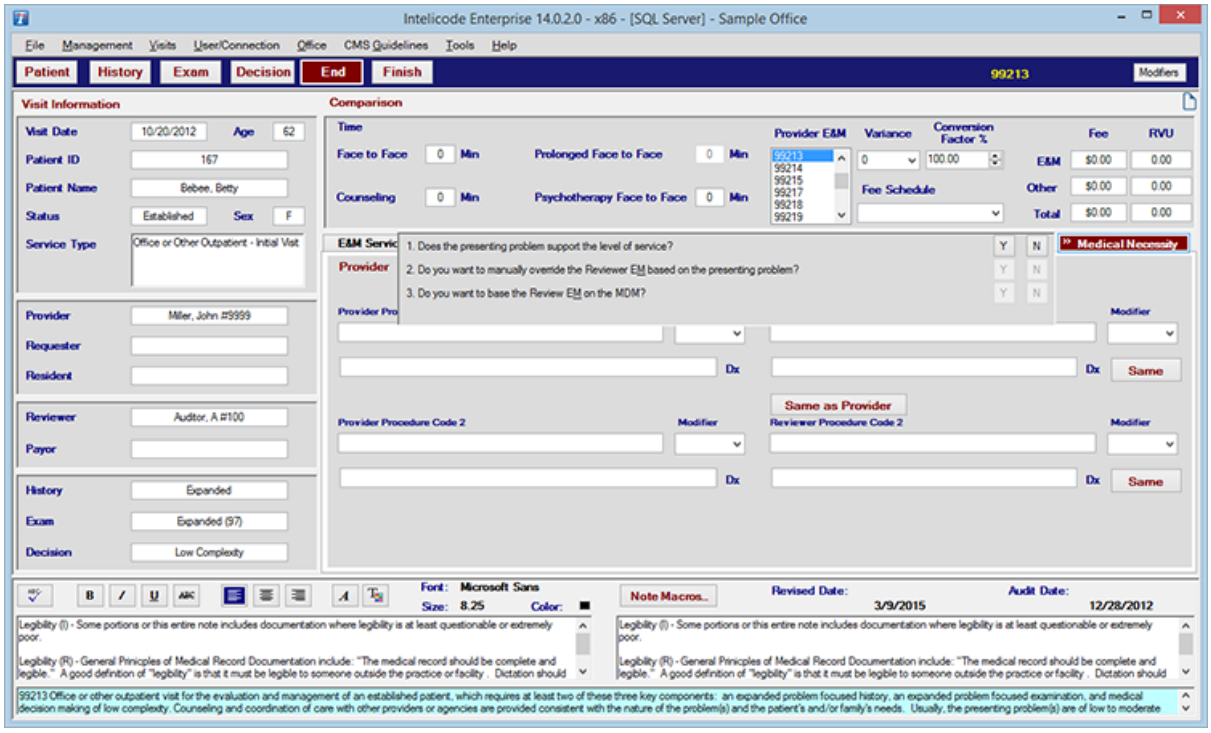
the Second or Third question as **"Y"** then a **-DC (Determined Code)** modifier will load into the audit. If you answer the third question **"N"**, there is no change.



7. **Notes -**

   a. For instructions on how to use the **Notes** section (which is available from many screens) or how to manage the **Note Macros**, see the Note Macros help page.

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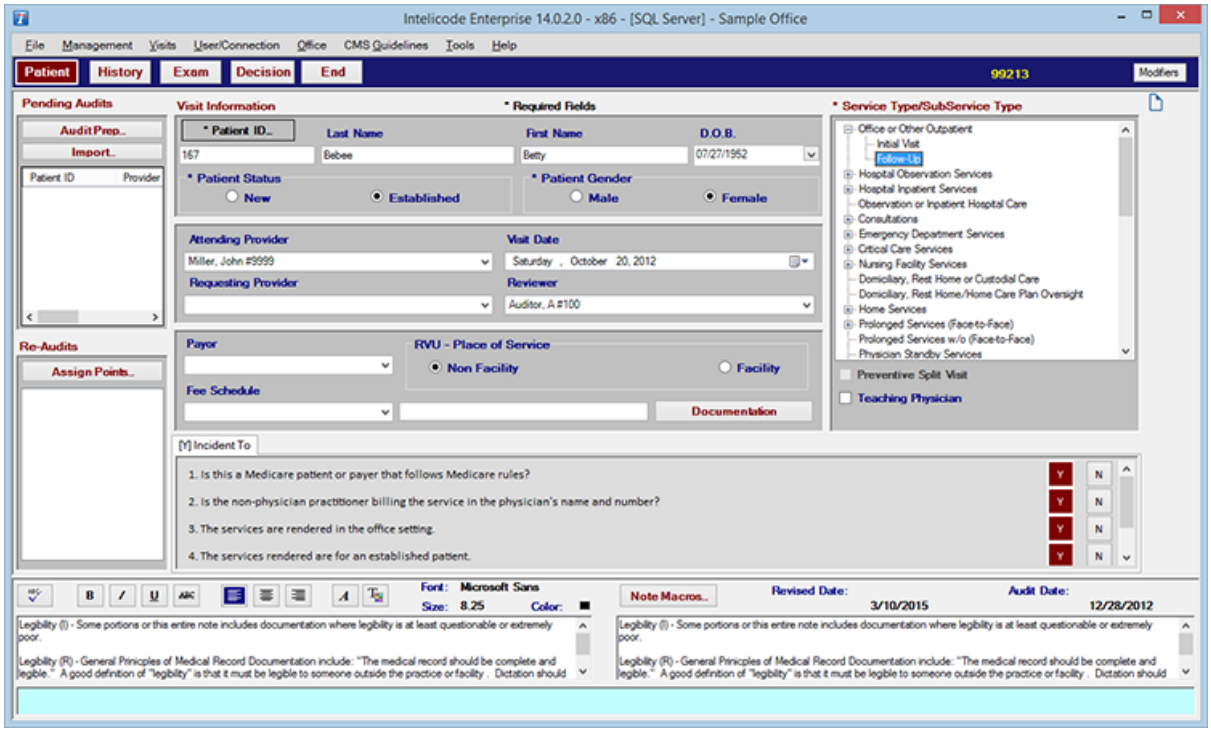
4.6 Retrieve Saved Reports

Intelicode gives the user the ability to save reports in different formats (i.e. Word®, Excel®, PDF).

1. You can access your saved reports by going to the **File** menu (located in the upper-left corner of the screen) and then select **Retrieve Saved Reports**



2. An **"Open"** pop-up window will appear. Select the file name containing your saved report(s) and click the **Open** button or double-click the file name.

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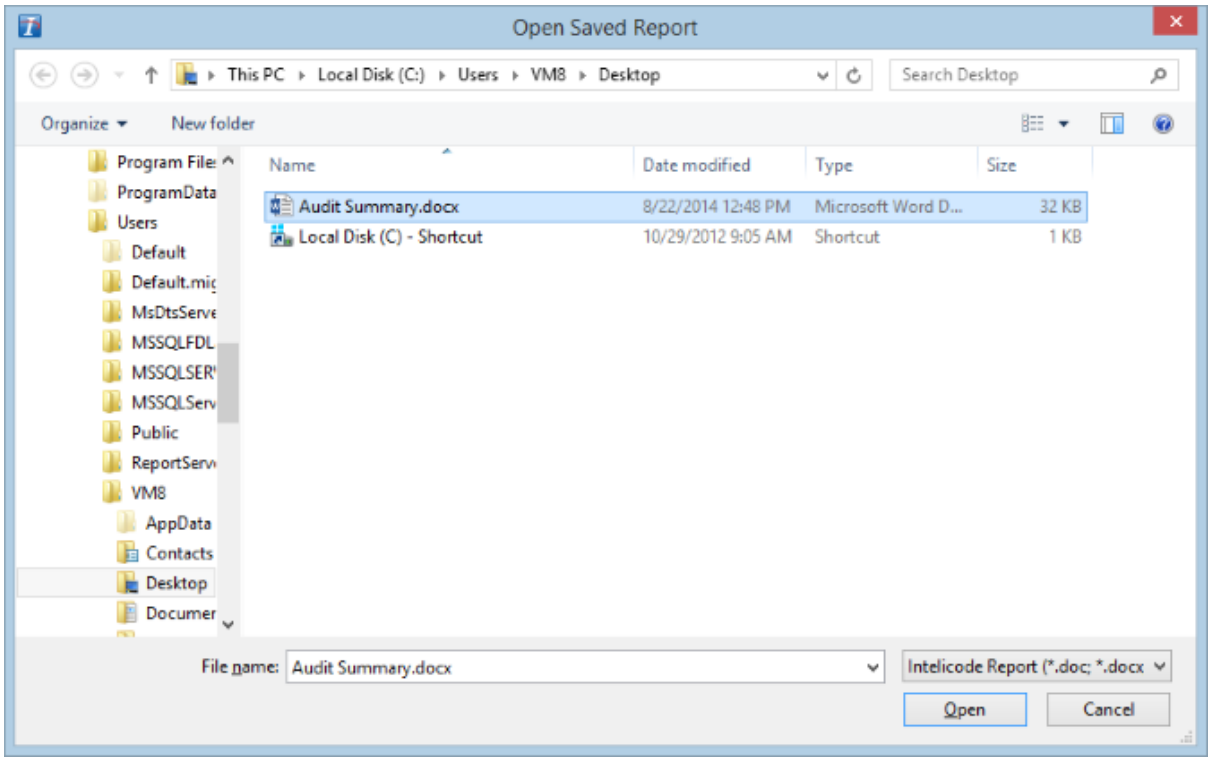

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4.7 Visit Summaries

The **Visit Summaries** screen displays the audited encounters for selected office(s). You may sort by using no filters, one filter, or multiple filters at the same time. The information displayed on this screen can be sorted in multiple ways to make your reports as specific as you desire.

1. To access the **Visit Summaries** screen, click on the **Visits** menu at the top of the screen. Then, click on **Visit Summaries**.

2. **Offices:**

a. Notice first, the lower-left portion of the screen. There is a white box beneath the heading that says **Office/Department (s) to Query**. The office that is selected is the office that is being used to display the data in the grid on the right side of the screen.

b. To switch to another office, click on the office name.

c. To display data from multiple offices, hold down **Ctrl** key and select other offices. You can also hold down the **Shift** key to select a group of offices at one time.

3. **Grid:**

   a. **Visits:**

      i. Each row in the grid is a visit.

      ii. You can select a visit by clicking on it. You can select multiple visits by holding down the **Ctrl** key as you select. You can select a group of visits at one time by holding down the **Shift** key while selecting.

      iii. When you select a visit, the **Notes** associated with that encounter are displayed in the white box on the bottom left of the screen, while the **Note Macros** are displayed in the white box on the bottom right of the screen.

      iv. To delete visit(s), select the visit or visits you wish to delete, right-click anywhere in the grid, and then click on **Delete Visit(s)**. Otherwise, instead of right-clicking, you can simply press the **Delete** key on your keyboard.

      v. To send visit(s) to another office, select the visit or visits

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you wish to send, right-click, and then click on **Send Visit (s) to Another Office**. Next, pick the office you want to send the visit(s) to.

vi. To edit a visit, select one visit (if you select more than one, the one you last clicked on will be edited). Then, click on the **Edit Visit** button towards the lower-left corner of the screen (or, you can double-click on the visit in the grid). The **Patient** screen will pop up with the visit selected active.

vii. To print an **Encounter Detail Report** on the visit(s) selected, click **Print Selected**. The **Print Options** window will pop up whereby you can print the report. For information about the **Encounter Detail Report** see the Encounter Detail Report help page.

b. **Columns:**

i. Each column in the grid is a data field.

ii. To select which columns you want in the grid, right-click anywhere within the grid and click on **Select Grid Columns**. You will be given a list of fields with a check box by each field.

iii. Check or uncheck fields accordingly by clicking on the checkbox next to the field name or on the field name itself.

iv. Click **OK** when the desired column names are checked.

v. Click **Cancel** to avoid any changes to the columns.

vi. To change the order in which the columns appear, click on

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the column heading, hold down the mouse button, and drag the box to the desired position. This order is used for the **Audit Summary** and **Custom Provider Accuracy Report**. The order is maintained even after exiting the software and returning.

vii. To alter the width of any given column, use your mouse to put the cursor on the column heading bar on the line that separates the columns, hold down the mouse button, and drag the column divider to the desired position.

viii. To reset the columns to the default order and width, right-click anywhere in the grid and select **Reset Grid to Default**.

4. **Totals:**

   a. **Total Visits -** The total number of visits currently showing in the grid.

   b. **Accurately Coded -** The number and percentage of visits currently in the grid that are coded accurately.

   c. **Under Coded/Billed -** The number and percentage of the **Total Visits** that are under coded and hence underbilled.

   d. **Over Coded/Billed -** The number and percentage of the **Total Visits** that are over coded and hence overbilled.

   e. **Wrong Category -** The number and percentage of the **Total Visits** that were coded within the wrong category.

   f. **Total Billed -** The total amount billed for the visits currently showing in the grid.

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g. **Financial Error -** The percentage of difference between the amount inaccurately billed and the total amount billed.

h. **Under Billed -** The total amount of the **Total Billed** that was under billed.

i. **Over Billed -** The total amount of the **Total Billed** that was over billed.

j. **Non-Compliant Teaching -** Reflects only those services (the number and percentage) that are non-Compliant teaching services, or those services that did not meet the teaching physician guidelines. (For Intelicode P.A.T.H. only)

5. **Filters:**

a. **Visit Date / Audit Date -**

i. This filter will determine if the encounters displayed will be filtered by the **Visit Date** or by the **Audit Date**.

ii. The **Visit Date / Audit Date** filter is found in the upper-left corner of the screen

iii. The **Visit Date** is the date of service of the audited encounter.

iv. The **Audit Date** is the actual date the audit was performed. Intelicode automatically stores the date each audit is performed.

v. Select which criteria you want to filter with by clicking on **Visit Date** or **Audit Date** in the upper-left corner.

vi. The date fields, which are located directly below the **Visit**

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Date / Audit Date toggle buttons, correspond with whichever type of date is selected.

vii. For example, if **Visit Date** is selected and the date boxes display "7/19/2010" and "7/19/2015", the encounters displayed in the grid will be only those encounters with a visit date (service date) between those two dates.

viii. Of course, the same applies to Audit Date. When the **Audit Date** button is selected, the date range displayed in the date field will control the encounters displayed by their actual date of audit.

b. **Status -**

i. This represents whether the patient is a **New** patient or an **Established** patient.

ii. The **Status** filter is located just below the **Visit Date / Audit Date** filters on the left side of the screen.

iii. To filter by Status, click on the drop down box and then click on the appropriate Status.

c. **Var -**

i. This filter will allow you to display only those visits that have a certain **Variance** between the provider code and the auditor code.

ii. The **Var** filter is located just below the **Visit Date / Audit Date** filters on the left side of the screen.

iii. To filter by Variance, click on the drop down box and then click on the appropriate Variance.

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d. **Billed E & M -**

i. This filter will allow you to display only those visits that have a certain **Billed E & M** code.

ii. The **Billed E & M** filter is located just below the **Visit Date / Audit Date** filters on the left side of the screen.

iii. To filter by Billed (Provider) E & M code, click on the drop down box and then click on the appropriate code.

e. **Provider -**

i. This filter will allow you to display only those visits that have a certain **Provider**.

ii. The **Provider** filter is located just below the **Status**, **Var**, and **Billed E & M** filters on the left side of the screen.

iii. To filter by Provider, click on the 'All Providers (click here to change)' and single click the Provider you want and click Done. If you wish to have multiple Providers, use the Control or Shift key as appropriate to select only the ones you want and then click done. This will allow you to have multiple Providers on one report. This can also be done across multiple Offices as well.

iv. The providers available for this field are those you have previously added to your Provider fields on the **Patient** screen.

f. **Specialty / Sub Specialty -**

i. This filter will allow you to display only those visits that have a certain **Specialty** or **Sub Specialty** of the providers

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who performed the encounters/visits.

ii. The **Specialty / Sub Specialty** filter is located just below the **Provider** filter on the left side of the screen.

iii. To filter by Specialty or Sub Specialty, click on the drop down box and then click on the appropriate Specialty or Sub Specialty.

g. **Service Category -**

i. This filter will allow you to display only those visits that have a certain **Service Category** that was chosen on the **Patient** screen.

ii. The **Service Category** filter is located just below the **Specialty / Sub Specialty** filter on the left side of the screen.

iii. To filter by Service Category, click on the drop down box and then click on the appropriate Service Category.

h. **Service Sub Category -**

i. This filter will allow you to display only those visits that have a certain **Service Sub Category** that was chosen on the **Patient** screen.

ii. The **Service Sub Category** filter is located just below the **Service Category** filter on the left side of the screen.

iii. To filter by Service Sub Category, click on the drop down box and then click on the appropriate Service Sub Category.

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i. **Note Macro -**

i. This filter will allow you to display only those visits that contain a certain **Note Macro** within the **Notes** field.

ii. The **Notes Macro** filter is located just below the **Service Sub Category** filter on the left side of the screen.

iii. To filter by Note Macro, click on the drop down box and then click on the appropriate Note Macro.

iv. The Macros available for this filter are those you have previously added to the **Note Macros** Management screen.

v. When you select a visit, the **Notes** associated with that encounter are displayed in the white box at the bottom of the screen.

j. **Reviewer / Auditor -**

i. This filter will allow you to display only those visits that were audited by a certain **Reviewer / Auditor**.

ii. The **Reviewer / Auditor** filter is the last drop down box on the left side of the screen.

iii. To filter by **Reviewer / Auditor**, click on the drop down box and then click on the appropriate **Reviewer / Auditor**.

k. **Clear All Filters -**

i. Intelicode keeps track of your filter settings and retains them even after you have exited the software and

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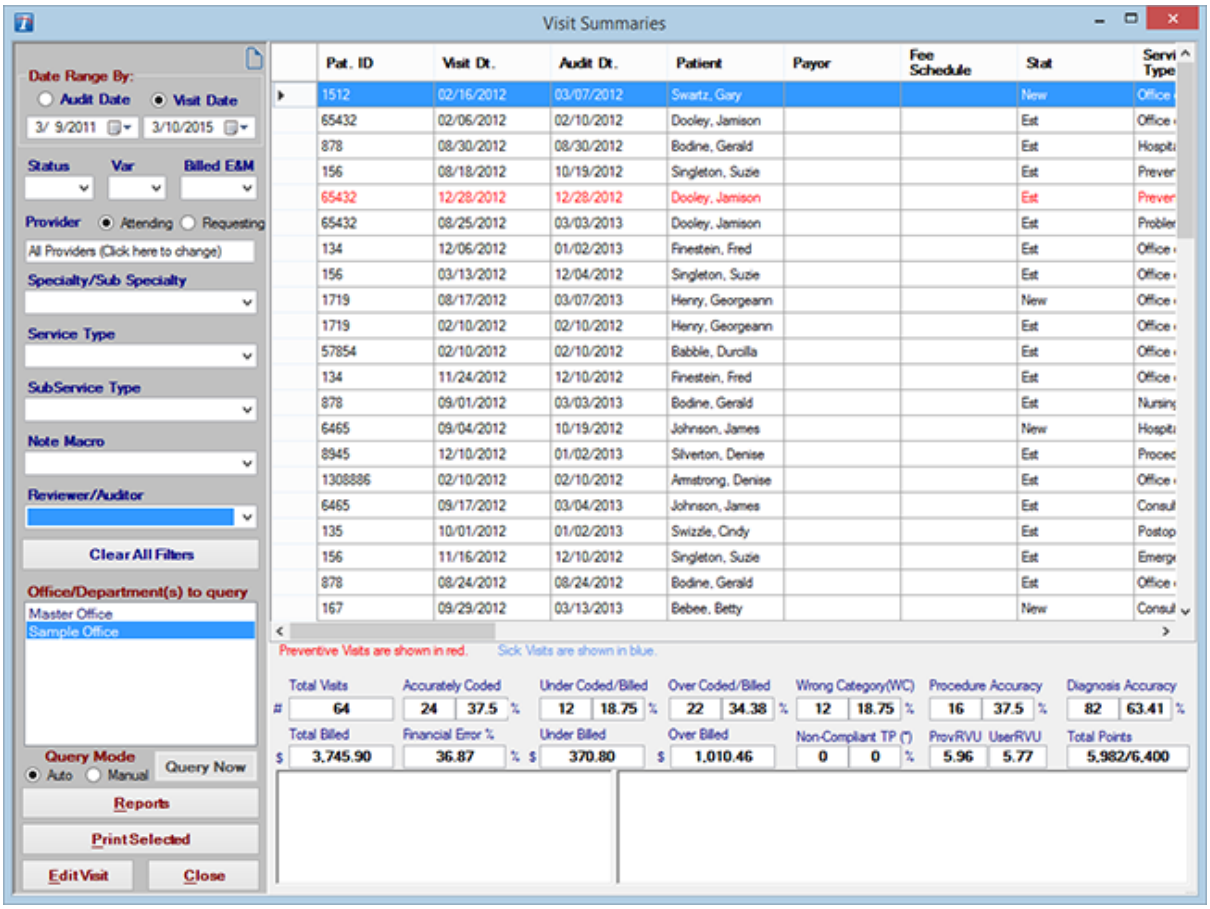
returned.

ii. However, if you would simply like to set the filters back to their default settings, click the **Clear All Filters** button.



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4.8 Visit Summaries Archive

1. When you edit a visit, Intelicode keeps the original in its unaltered format.

2. The "edited visit" is saved in **Visit Summaries**.

3. You cannot go back and edit an original once you have changed it, but you can print an **Encounter Detail Report** of it or delete it.

4. To access the **Visit Summaries Archive** screen, click on the **Visits** menu at the top of the screen. Then, click on **Visit Summaries Archive**.

5. The **Visit Summaries Archive** screen is very similar to the **Visit Summaries** screen with a few differences:

    a. The visits showing on the **Visit Summaries Archive** page are only those visits that have been edited. The edited, updated version of the visit appears in the **Visit Summaries** grid, while the visit as it was before it was edited appears in the **Visit Summaries Archive** grid.

    b. While you are allowed to edit a visit from the **Visit Summaries** page, you cannot edit an archived visit.

    c. With the exception of the **Encounter Detail Report**, reports are not available from the **Visit Summaries Archive** screen.

6. For further instructions on how to use this screen, see the Visit Summaries help page.

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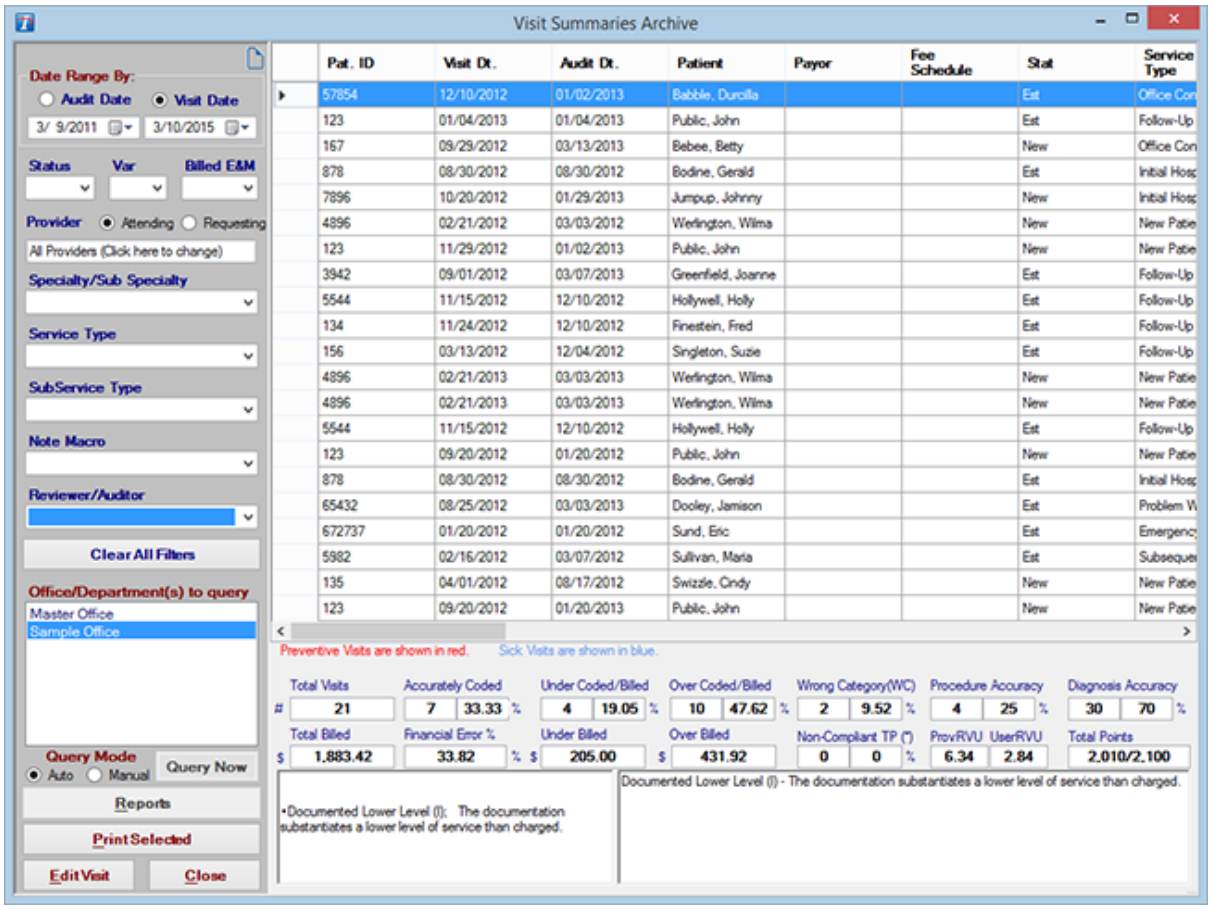

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4.9 Deleted Visits

1. When you delete a visit, Intelicode keeps the original in the **Deleted Visits** table.

2. You cannot go back and edit an original once you have deleted it.

3. To access the **Deleted Visits** screen, click on the **Visits** menu at the top of the screen. Then, click on **Deleted Visits**.

4. To permanently delete deleted visit(s), select the deleted visit(s)

you wish to permanently delete and right-click on the grid. Then, click **Permanently Deleted Visits**. You will be asked if you want to permanently delete the visit(s). Click **Yes** to permanently delete the visit(s).

5. To restore deleted visit(s), select the deleted visit(s) you wish to restore and right-click on the grid. Click **Restore Deleted Visit (s)**. The visit(s) is removed from the **Deleted Visits** screen and can now be found on the **Visit Summaries** screen.

6. The **Deleted Visits** screen is very similar to the **Visit Summaries** screen with a few differences:

   a. The visits showing on the **Deleted Visits** page are only those visits that have been deleted. The **Visit Summaries** screen does not show any deleted visits.

   b. While you are allowed to edit a visit from the **Visit Summaries** page, you cannot edit a deleted visit.

   c. Reports are not available from the **Deleted Visits** screen.

7. For further instructions on how to use this screen, see the Visit Summaries help page.

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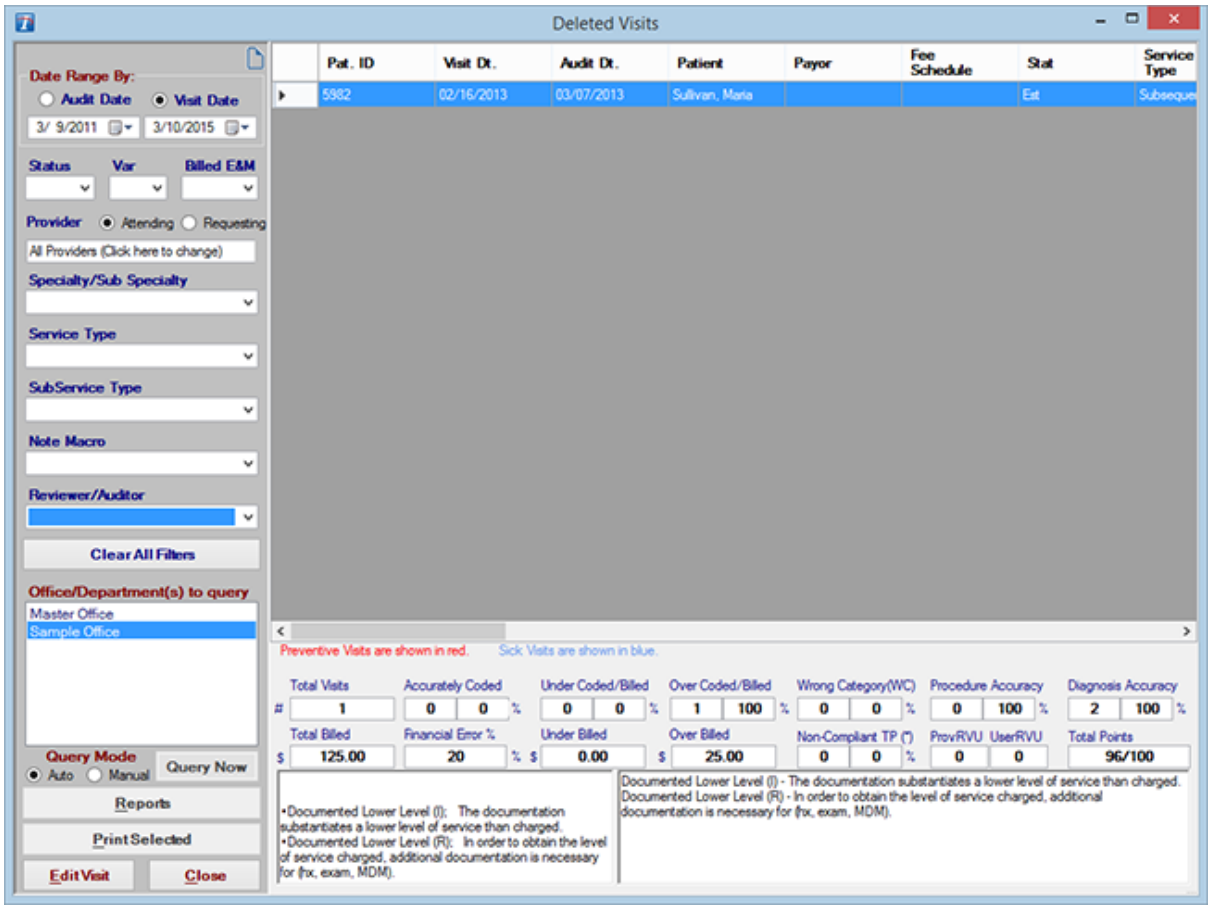

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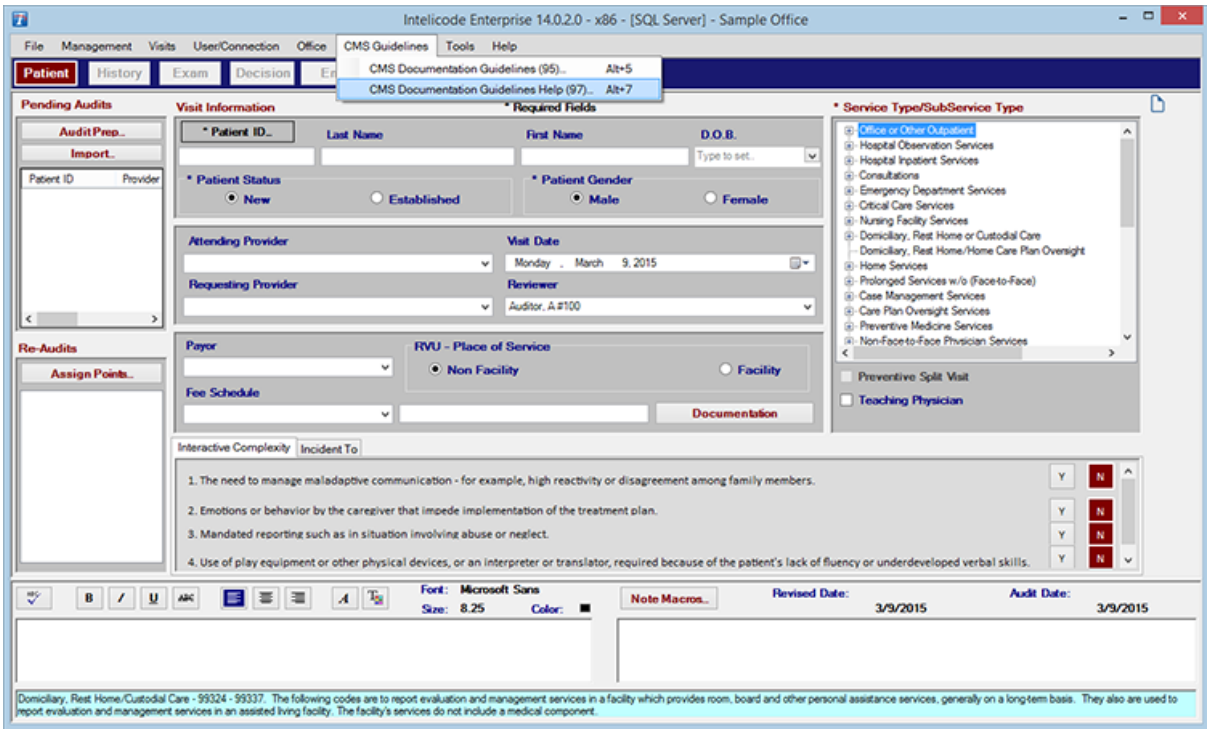
4.10 CMS Guidelines

To access the **CMS Documentation Guidelines** for either 1995 or 1997, click on the **CMS Guidelines** menu at the top of the screen and select which documentation guidelines you wish to look at.


Intelicode Enterprise 14.0.2.0 - x86 - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
CMS Documentation Guidelines (95)... Alt+5
CMS Documentation Guidelines Help (97)... Alt+7
Patient History Exam Decision
Pending Audits
Audit Prep..
Import..
Patient ID Provider
Visit Information
* Required Fields
* Patient ID..
Last Name
First Name
D.O.B.
* Patient Status
New
Established
* Patient Gender
Male
Female
Attending Provider
Visit Date
Monday , March 9, 2015
Requesting Provider
Reviewer
Auditor, A #100
* Service Type/SubService Type
Office or Other Outpatient
Hospital Observation Services
Hospital Inpatient Services
Consultations
Emergency Department Services
Critical Care Services
Nursing Facility Services
Domiciliary, Rest Home or Custodial Care
Domiciliary, Rest Home/Home Care Plan Oversight
Home Services
Prolonged Services w/o (Face-to-Face)
Case Management Services
Care Plan Oversight Services
Preventive Medicine Services
Non-Face-to-Face Physician Services
Re-Audits
Assign Points..
Payor
RVU - Place of Service
Non Facility
Facility
Fee Schedule
Documentation
Preventive Split Visit
Teaching Physician
Interactive Complexity
Incident To
1. The need to manage maladaptive communication - for example, high reactivity or disagreement among family members.
2. Emotions or behavior by the caregiver that impede implementation of the treatment plan.
3. Mandated reporting such as in situation involving abuse or neglect.
4. Use of play equipment or other physical devices, or an interpreter or translator, required because of the patient's lack of fluency or underdeveloped verbal skills.
Font: Microsoft Sans
Size: 8.25
Color:
Note Macros..
Revised Date:
3/9/2015
Audit Date:
3/9/2015
Domiciliary, Rest Home/Custodial Care - 99324 - 99337. The following codes are to report evaluation and management services in a facility which provides room, board and other personal assistance services, generally on a long-term basis. They also are used to report evaluation and management services in an assisted living facility. The facility's services do not include a medical component.

A new window will pop up in which you can view and print the various sections of the document guidelines.

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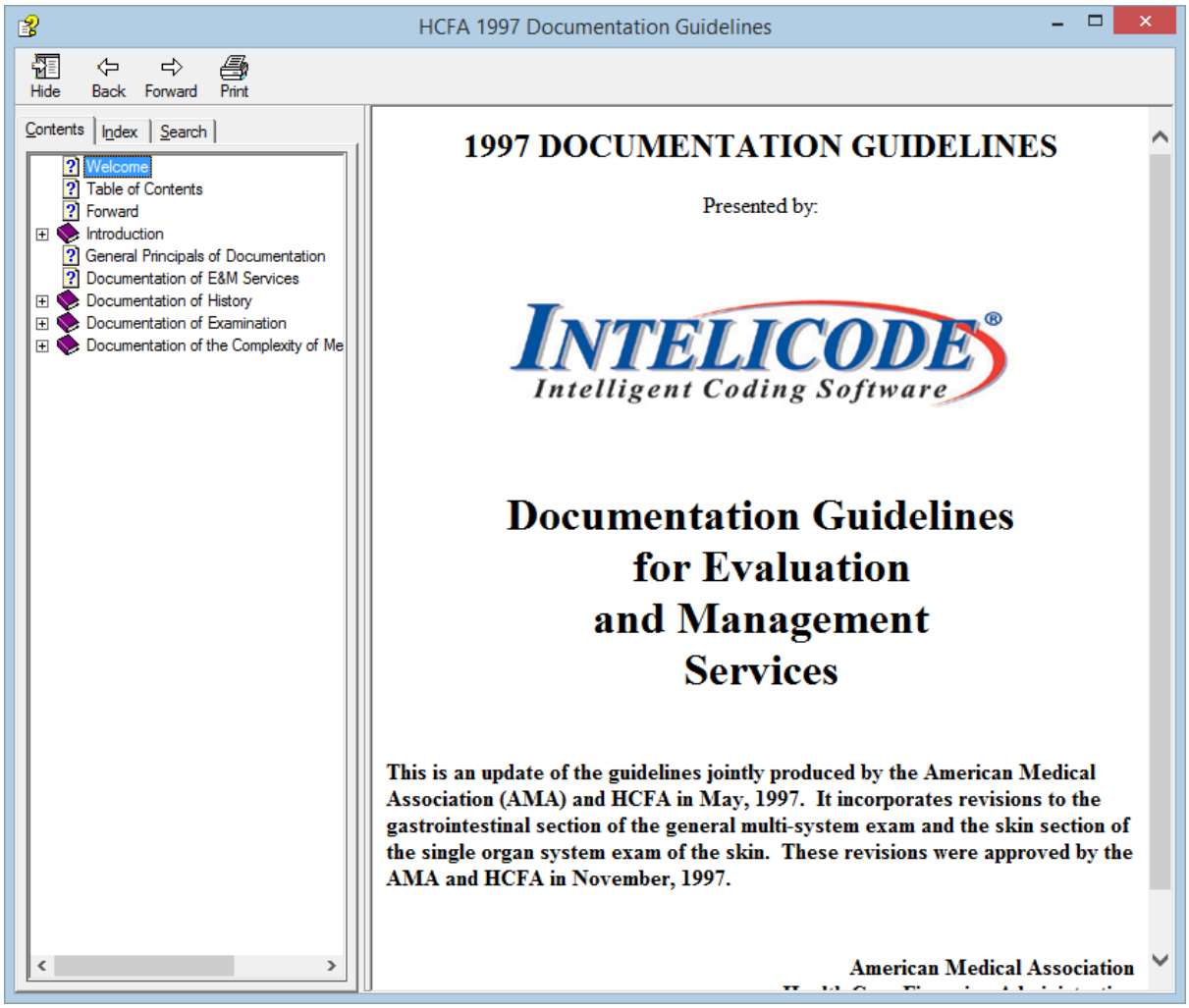
HCFA 1997 Documentation Guidelines
Hide
Back
Forward
Print
Contents
Index
Search
Welcome
Table of Contents
Forward
Introduction
General Principals of Documentation
Documentation of E&M Services
Documentation of History
Documentation of Examination
Documentation of the Complexity of Me
1997 DOCUMENTATION GUIDELINES
Presented by:
INTELICODE®
Intelligent Coding Software
Documentation Guidelines for Evaluation and Management Services
This is an update of the guidelines jointly produced by the American Medical Association (AMA) and HCFA in May, 1997. It incorporates revisions to the gastrointestinal section of the general multi-system exam and the skin section of the single organ system exam of the skin. These revisions were approved by the AMA and HCFA in November, 1997.
American Medical Association

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4.11 Preferences

1. To access the **Preferences**, click on the **Tools** menu and then click **Preferences** menu at the top of the screen. A new window will pop up in which you can set your Intelicode preferences. Select the desired Exam Type by clicking on it.

2. To set which **Exam Type** will be entered by default, click on the

drop down box just below the **Default Exam Type** heading in the upper-left part of the **Preferences** screen.

3. On the **End** screen, diagnosis codes are entered by typing in either the code or the description, and a list pops up with possible entries to select. By default, Intelicode looks for the user to type in the diagnosis code. To set Intelicode to look for the diagnosis description instead, click on the drop down box just beneath the **Enter Dx Codes by** heading.
   Select **Description** by clicking on it.

4. To set the preference for CPT codes, follow the same instructions above only for the dropdown box just beneath the **Enter CPT Codes by** heading.

5. To set the criteria by which the RVUs will be calculated, click on **Work**, **Malpractice**, **Practice Expense (PE)**, or **Total** from the **RVU's** section.

6. To set the **Default Conversion Factor** for the **Fees**, either type in the percentage in the box just to the left of the **Default Conversion Factor** heading in the **Fees** section, or click on the arrows to move the percentage up or down by increments of one hundredth (.01). This will also show on the **End** Screen.

7. To set the **Require Consult Verification** as Yes or No, place a check in the checkbox to require the verification or uncheck to not require the verification. The **Consult Verification Questions** will still show whether the box is checked or not. If you uncheck the box, however, you may move past the **Patient Screen** without answering the questions.

8. To set the **Include Other Services in Fees & RVUs** as Yes or

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No, place a check in the checkbox to include the other services or uncheck to show only E&M. On the reports you will see "Calculations based on Code Services" under the title of the report if you uncheck the box. You will see "Calculations based on Total Services" under the title of the report if you check the box.

9. The **Order Service and SubService alphabetically** checkbox is available too. This will order the Service Types and SubService Types from A-Z instead of the order the CPT® book has them. You can always revert back by unchecking the box in the **Preferences**.

10. When the **Do not notify me of future updates** checkbox is checked you will not be notified through the Intelicode software when an update is available.

11. **Use Visit Summary Filter Criteria for saved Reports** will allow the User to save a report with the Visit Filters (except the date) attached.

12. The **Default to Quick Print for Reports** makes the option of **Quick Print** selected by default instead of **Preview or Print in Word** for your convenience. Check this box if you would like to print quickly without a preview or uncheck to leave at the original default.

13. The "Use Absolute values to calculate Financial Error" when selected uses the Over Coded amount plus the Under Coded amount, otherwise known as Gross Financial Error. When unselected, it uses the Over Coded amount minus the Under Coded amount, otherwise known as Net Financial Error.

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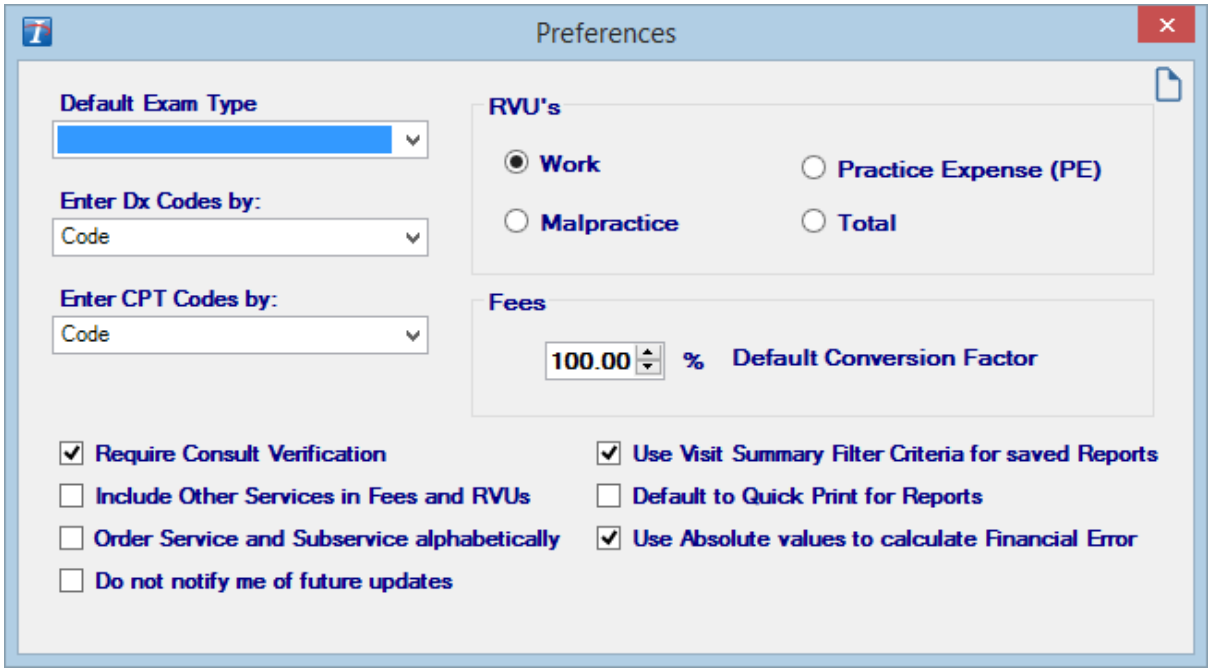
14. Once you are done with the **Preferences** window click the "X" in the upper right corner. Your **Preferences** will be saved upon exit.



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5 Reports and Printing

Intelicode is best known for its easy to understand reports. Intelicode now gives you the option to customize reports giving your physicians valuable information. Whether printing an Encounter Detail Report or customizing a report, the following sections give easy to follow steps on each report found in Intelicode.

5.1 Encounter Detail Report

The **Encounter Detail Report** can be printed at the end of the audit from the **Finish** screen or later from Visit Summaries. To print from Visit Summaries, follow these simple steps.

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.
2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs. In our example below, we chose "**Dr. Carrington**" from the **Provider** list.

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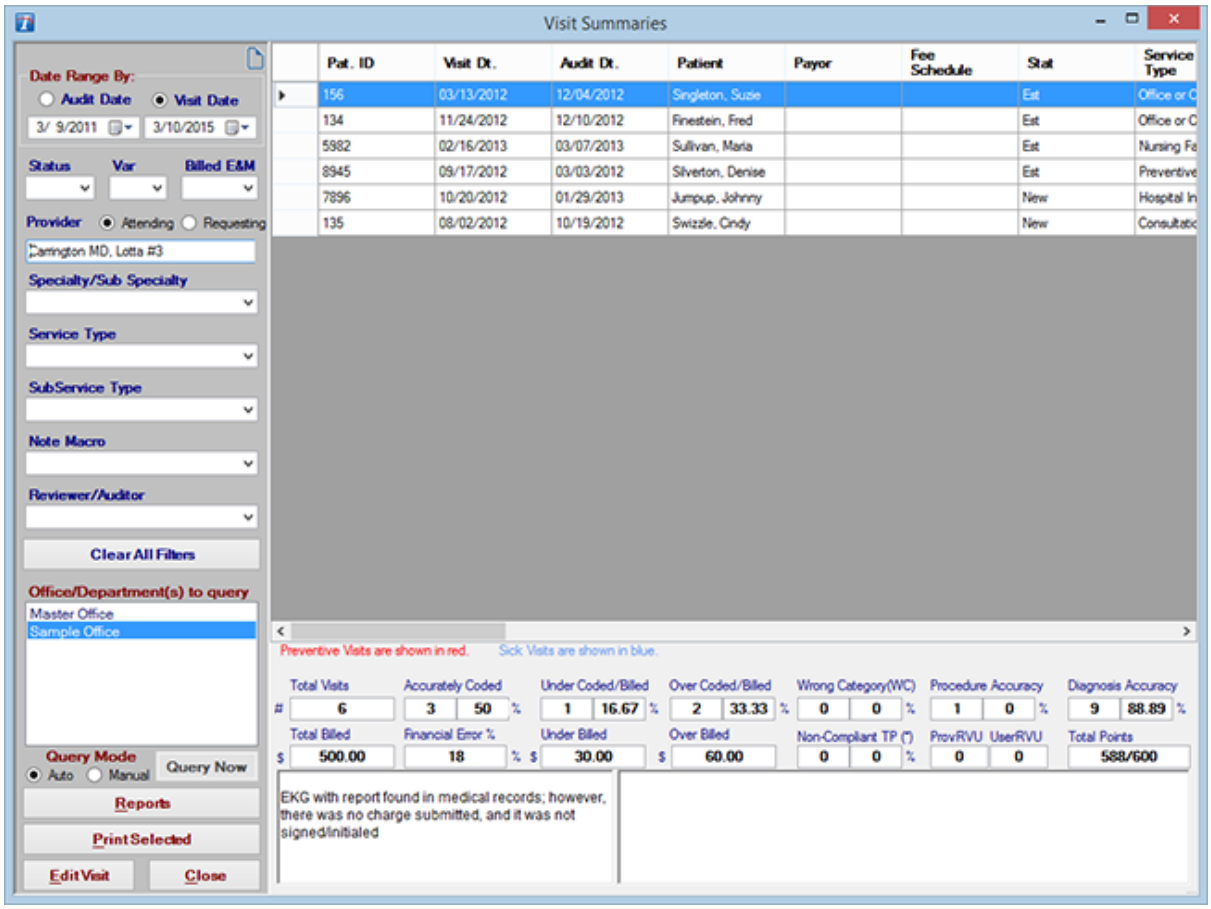

3. Select a visit by clicking on a row in the grid. (Or select more than one by using the **Ctrl** key or the **Shift** key.)

4. Next, click the **Print Selected** button (located in the lower-left corner of the screen) and choose your Report Options

5. Click **Print** to print the report.

6. See the **Print Options** section of the Report Options help page for more information about how to use the features on this screen.

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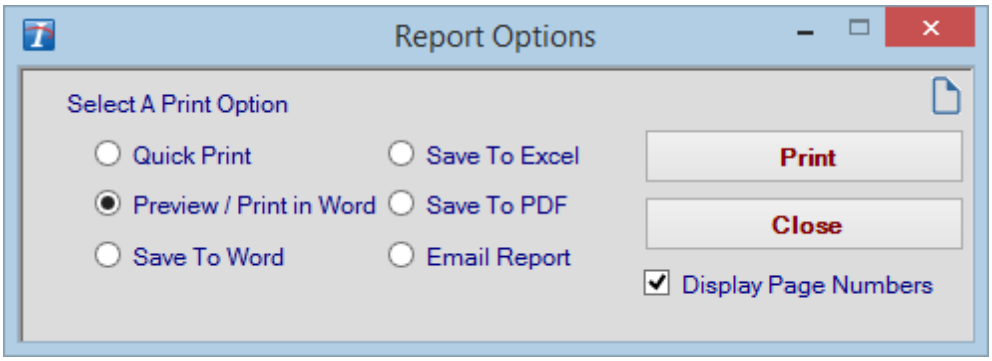

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Sample Office
123 Anywhere Lane
Midwest, IN 46723

Encounter Detail Report

Calculations based on E/M Services

260-555-1212
260-555-1215

Audit Date Range: 08/25/2011 to 08/25/2014

Patient ID:	Patient Name:	Sex:	DOB:	Visit Date:	Audit Date:
156	Singleton, Suzie	F	08/14/1945	03/13/2012	12/04/2012

Provider:	Carrington MD, Lotta			**Specialty:**	Cardiology		
Service Category:	Office or Other Outpatient			**Sub Category:**	Follow-Up		
Requester:				**Reviewer:**	Auditor, B		
Fee Schedule:				**Conv. Factor:**	100%	**Status:**	Est
Face to Face:	0 Minutes	**Counseling:**	0 Minutes	**Psychotherapy Face to Face:**	0 Minutes	**Prolonged Face to Face:**	0 Minutes
Provider Code:	99213			**Reviewer Code:**	99213		
Provider RVU:	0	**Reviewer RVU:**	0			**Points**	100
Provider Fee:	$0.00	**Reviewer Fee:**	$0.00	**No Difference:**	$0.00	**Variance**	0

Provider Code	99213	**Reviewer Code**	99213
Provider Diagnosis 1	401.9 - Hypertension, Unspecified	**Reviewer Diagnosis 1**	401.9 - Hypertension, Unspecified
Provider Diagnosis 2	427.9 - Cardiac Dysrhythmia, Unspecified	**Reviewer Diagnosis 2**	427.9 - Cardiac Dysrhythmia, Unspecified
Provider Proc. Code 1		**Reviewer Proc. Code 1**	93000 Electrocardiogram, complete

History — Expanded

Chief Complaint Documented:

History of Present Illness (HPI) — **Brief**
Quality, Severity

Review of Systems (ROS) — **Extended**
Constitutional Symptoms, Cardiovascular, Respiratory

Past, Family & Social History (PFSH) — **Pertinent**

PAST: Current Medications

FAMILY:

SOCIAL:

Examination — Body Areas/Organ Systems (95) — Expanded (95)

Medical Decision — Trailblazer — Moderate Complexity

Risk MODERATE

Presenting Problem
- 2 or More Stable Chronic Illnesses

Diagnostic Procedures
- Laboratory Tests Requiring Venipuncture
- EKG/EEG

Management Options
- Prescription Drug Management

Encounter Notes

EKG with report found in medical records; however, there was no charge submitted, and it was not signed/initialed

Teaching Physician Documentation

INTELICODE

Report generated on 8/25/2014 11:29:21 AM by INTELICODE® Copyright © 2014. TSI. All Rights Reserved

Confidential

Page 1 of 2

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5.2 Report Options

When printing various reports from the Visit Summaries screen, you will be presented with this dialogue. Report Options gives you choices about what report to print, how you choose to have the data listed, how you want to print (or "export") the report, and now, for certain reports, you can even choose which columns you want in the report.

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.

2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs. In our example below, we chose "**Dr. Carrington**" from the **Provider** list.

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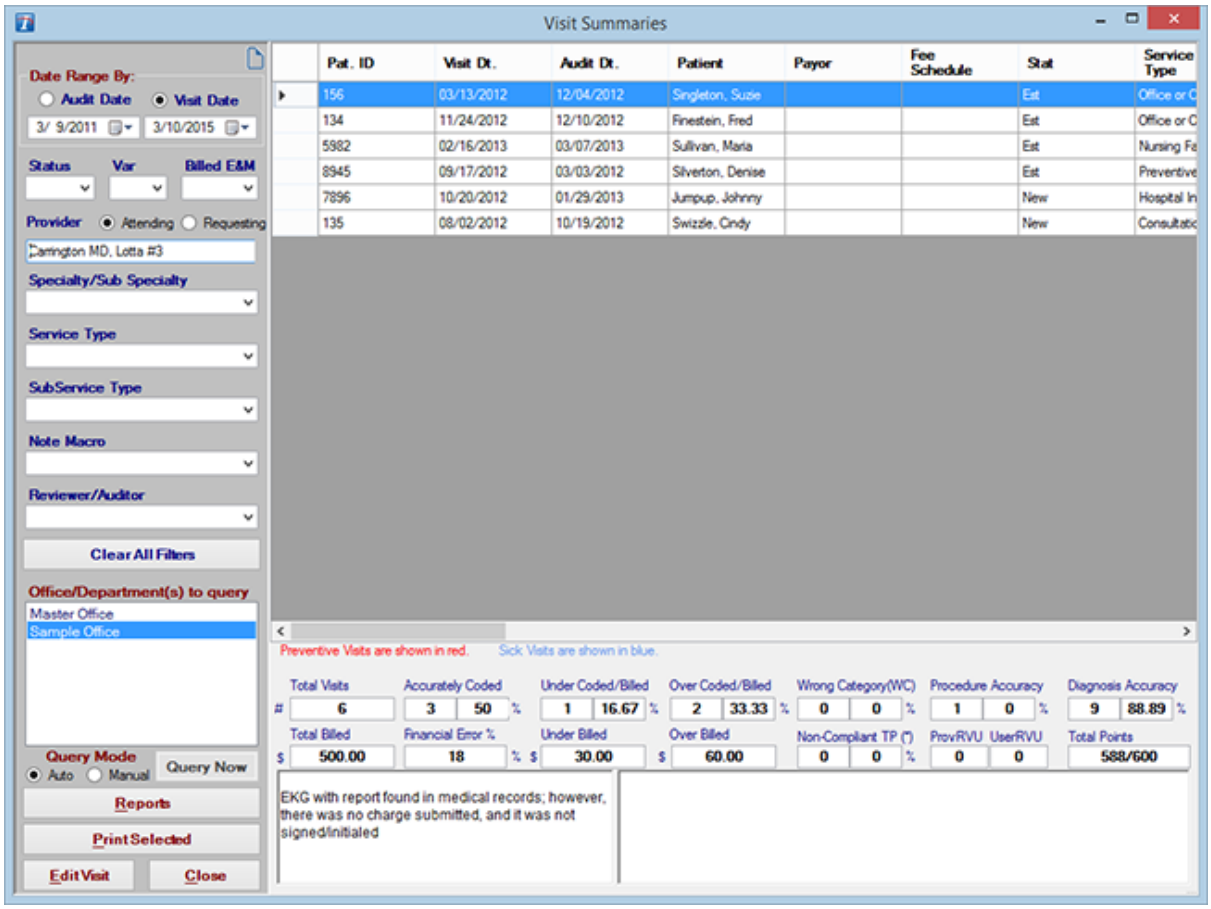

3. If you are going to print an **Audit Summary** or a **Custom Provider Accuracy Report**, choose what columns you want available for the report by right-clicking anywhere on the grid and clicking **Select Grid Columns**. For the other reports, the columns are fixed and cannot be changed.

4. For the **Audit Summary** and the **Custom Provider Accuracy Report**, you can determine the order in which the columns will appear on the report. To change the position of a column, click on its heading and drag it to the location that you desire. Repeat this procedure with other columns until you have the column order you are looking for.

5. Choose which office(s) you want to report on by selecting the appropriate office(s) located in the white box just below

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the **Office/Department(s) to query** heading. Select multiple offices by holding down the **Ctrl** key or the **Shift** key.

6. When you have the desired data set in the grid, click on the **Reports** button in the lower-left portion of the screen. The **Report Options** screen will pop up.

7. **Standard Reports:**

   a. Located in the upper-left portion of the screen, the **Standard Reports** section lists the various standard reports that are available in Intelicode.

   b. To select a standard report, click on its title in the box. Notice that there are different options available for different reports. For example, for two of the reports (**Audit Summary** and **Custom Provider Accuracy Report**) you are able to choose which columns are in the report, a feature new to Intelicode.

   c. Once you have selected your Standard Report, you can then begin to select your settings for the report.

8. **Available Columns:**

   a. A list of **Available Columns** can be utilized for the **Audit Summary** and the **Custom Provider Accuracy Report**.

   b. The columns that are currently selected for the report have a bold, maroon font.

   c. The columns that are within a gray background are the default columns.

   d. The columns that have a normal black font are available to add

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to the report. Simply click on the column name to add it.

e. The columns that have a light gray font are not available due to lack of space. You would need to remove a column (or more) from the report to make more room.

f. The order in which the columns will appear on the report is shown in blue text just below the **Available Columns**. To change the order of the columns, see the instructions above (#4).

g. To add a column to the report, click on its text. It will now have a bold, maroon font.

h. To remove a column from the report, click on a column name that has a bold, maroon font. It will be removed from the report. Its text changes to a normal black font.

9. **Column Gauge:**

a. Notice the long bar just below the **Available Columns** going across much of the page. This is the **Column Gauge**.

b. The green bar represents how much page space is taken up by the current columns in the report.

c. The current active columns are shown in order just above the gauge.

d. As you add or remove columns, the bar lengthens or shortens accordingly, letting you know how much more width is available on the report.

10. **Miscellaneous Columns:**

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a. The Audit Summary and the Custom Provider Accuracy are the only ones with **Available Columns** and each column adds something different.

b. **Pat ID -** this adds the Patient ID into the Report.

c. **Visit Dt -** this adds the Visit Date into the Report.

d. **Stat -** this adds the Status of the Patient into the Report.

e. **Service Type -** this adds the Service Type of an audit into the Report.

f. **Sub Category -** this adds the Sub Category of an audit into the Report.

g. **History -** this adds the History level obtained for an audit in the Report.

h. **Exam -** this adds the Exam level obtained for an audit in the Report.

i. **Decision -** this adds the Decision level obtained for an audit in the Report.

j. **Reviewer Code -** this adds the Reviewer Code achieved in an audit in the Report.

k. **DC -** this is otherwise known as Determined Code (DC) and shows DC when Medical Necessity was used to alter the Reviewer Code.

l. **IT -** this is otherwise known as Incident To (IT) and shows either Y or N depending on if IT was met or not in an audit.

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m. **Provider Code -** this adds the Provider Code achieved in an audit in the Report.

n. **Var -** this adds the Variance, including 0, achieved in an audit in the Report.

o. **Diff -** this adds the Difference achieved in an audit in the Report.

p. **Audit Dt -** this adds the Audit Date into the Report.

q. **Patient -** this adds the Patient Name to the Report.

r. **Provider -** this adds the Attending Provider Name to the Report.

s. **Reviewer -** this adds the Reviewer Name to the Report.

t. **TP -** this is otherwise known as Teaching Physician (TP) and shows GE, GC, or * depending on how the Teaching Physician Guidelines were answered.

u. **Resident -** this adds the Resident Name to the Report.

v. **Specialty -** this adds the Specialty/Subspecialty to the Report.

w. **Requester -** this adds the Requesting Provider Name to the Report.

x. **ProviderRVU -** this adds the Provider RVU to the Report.

y. **UserRVU -** this adds the Reviewer RVU to the Report.

z. **DOB -** this adds the Date of Birth to the Report.

aa. **Diagnosis Total -** this adds the Diagnosis Total number for

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each audit in the Report.

ab. **Diagnosis Accurate -** this adds the Diagnosis Accurate number for each audit in the Report.

ac. **Office -** this adds the name of the Office in the Report.

11. **Miscellaneous Options:**

a. Each report has a different set of miscellaneous options available for output.

b. The miscellaneous options for a particular report are shown with check boxes toward the top of the screen.

c. To add or remove a particular item from your report, check the box by clicking on it or on the text itself.

d. **Diagnosis / Procedure / Modifiers -**

i. The **Diagnosis**, **Procedure**, and **Modifiers** options are available only for the **Audit Summary** and the **Custom Provider Accuracy Report**.

ii. When the **Procedure** box is checked, the report will list each procedure for each encounter.

iii. When the **Diagnosis** box is checked, the report will list each diagnosis for each encounter.

iv. When the **Modifiers** box is checked, even if the **Procedure** box is not checked, each modifier will be shown with its corresponding procedure.

e. **With Notes -** This option, if enabled, simply designates

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whether or not the notes will be present on the report.

f. **By Provider -** This option, if enabled, sorts the encounters **By Provider** in alphabetical order. The Provider is shown on the report in a large heading prior to the encounter pertaining to that provider.

g. **With Graph -** This option, if enabled, will place in the report a graph of the current data.

h. **Work RVU Totals -** This option, if enabled, will place the Totals of the Work RVUs in the Summary of the Report.

i. **Audit Point Totals -** This option, if enabled, will place the Totals of the Points achieved in the Summary of the Report.

j. **1 Signature Line -** This option, if enabled, will place one (1) Signature Line at the end of the Report.

k. **2 Signature Lines -** This option, if enabled, will place two (2) Signature Lines at the end of the Report.

l. **Work RVUs -** This option, if enabled, puts in the total Provider and Reviewer (User) RVUs into the Report inside the Summary for each Provider.

m. **Audit Points -** This option, if enabled, puts in the total Points for each Provider into the Report inside the Summary for each Provider.

n. **Diffs -** This option, if enabled, will place a Diff column in the Report and will also give a total at the end of the Report.

o. **Show Attached Documentation -** Show Attached Documentation - This is only on the Audit Summary report

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and will allow all visits with documents attached via InteliNote to show. For info about InteliNote see InteliNote.

12. **Office Information:**

a. This section is located on the right side of the screen, almost midway down the page.

b. Here you can set various general information (i.e. **Office Name**, **Address**, **Phone Number**, etc.) about your office.

c. This information will appear in the header of the first page of every report.

d. The information will be as you left it each time you enter the **Report Options** screen.

13. **Summary Comments**

a. If you would like to make some summarizing comments that will appear toward the end of your report, type your comments in the white box just below the **Summary Comments** heading.

b. If there are comments that you would like to show repeatedly on a report, you save a report layout by clicking on the **Save Report Layout** button in the **Print Options** section below. The comments that are in the box at the time you saved the report layout will appear every time you use that report layout.

14. **Print Options:**

a. The **Print Options** section is at the bottom of the **Report Options** page. This is the same selection tool as the **Print**

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Options window that comes up when running reports from other screens.

b. **Select a Print Option -**

i. **Select a Print Option** by clicking on the circle next to the option you prefer, or you can click on the text itself. Only one option can be active at a time.

ii. If you do not have Microsoft Word installed on your machine, the **Send To Word**, **Send to PDF**, and **Email Report** options are disabled and cannot be used. The same is true for the **Send To Excel** option if you do not have Microsoft Excel installed on your machine.

iii. When the **Preview in Word** option is selected and the **Print** button is clicked, the application associated to open a .docx file will start and open your report. Once open you can edit, print, save from your application, if available. At any time you can return to the **Report Options** screen. **Preview in Word** is the default setting.

iv. When the **Quick Print** option is selected and the **Print** button is clicked, a single copy of the report will be printed to your default printer.(requires an application to be associated for a .docx file to be able to print)

v. When the **Send To Excel** option is selected and the **Print** button is clicked, the report is sent to a Microsoft Excel file and you are then given the opportunity to name the file and save it to the location of your choice.

vi. When the **Send To Word** option is selected and

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the **Print** button is clicked, the report is sent to a Microsoft Word file and you are then given the opportunity to name the file and save it to the location of your choice.

vii. When the **Send To PDF** option is selected and the **Print** button is clicked, the report is sent to an Acrobat PDF file and you are then given the opportunity to name the file and save it to the location of your choice.

viii. When the **Email Report** option is selected and the **Print** button is clicked, a new email is brought up with your report file attached to the email.

ix. Click Print to print the report. This will also print any documents you have attached via InteliNote. If you have questions about InteliNote see InteliNote.

c. If the layout of the current report and the filters from visit summaries screen is something that you would like to use again, click on the **Saved Report Layout** button. Type a significant name and click **OK**.

d. When you are finished with the **Report Options** screen, click the **Close** button.

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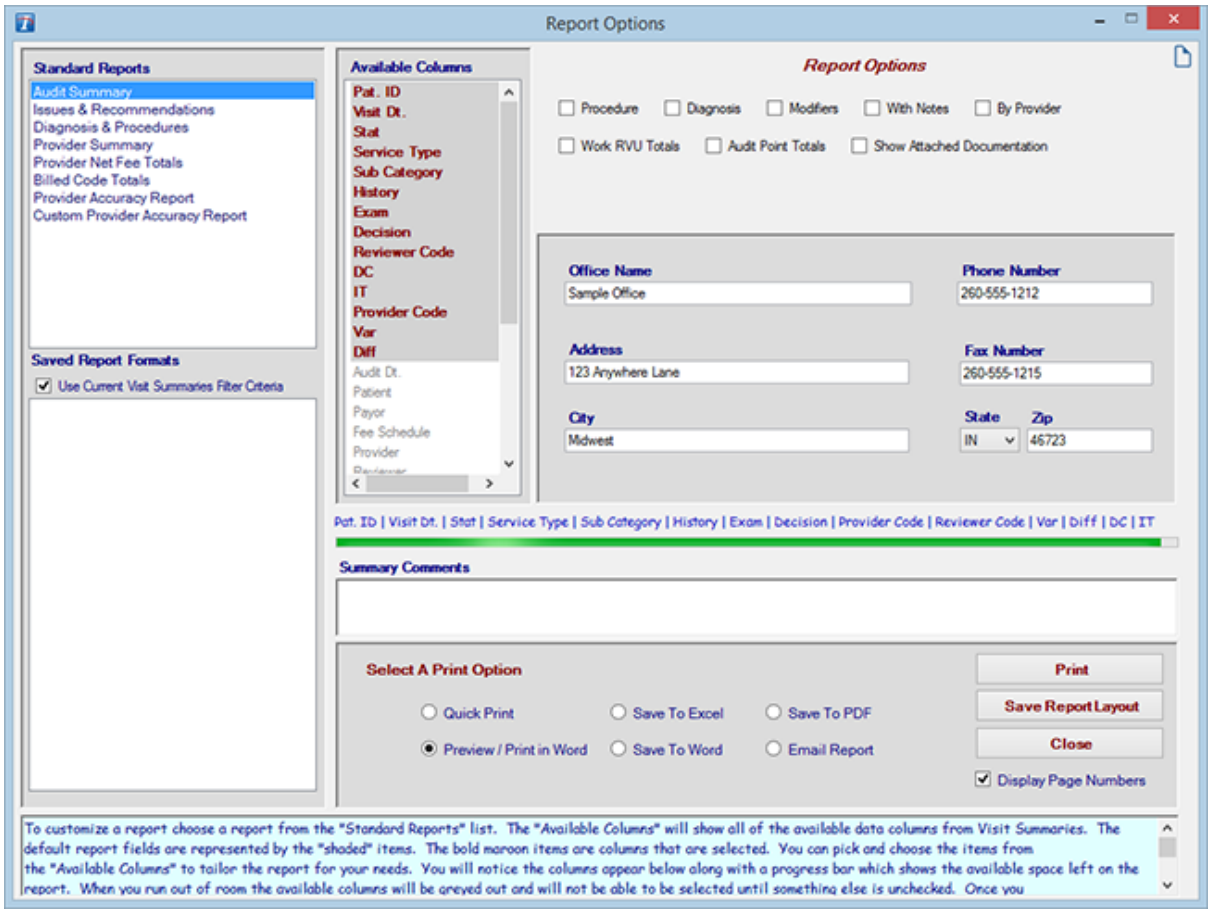
Report Options
Standard Reports
Audit Summary
Issues & Recommendations
Diagnosis & Procedures
Provider Summary
Provider Net Fee Totals
Billed Code Totals
Provider Accuracy Report
Custom Provider Accuracy Report
Saved Report Formats
Use Current Visit Summaries Filter Criteria
Available Columns
Pat. ID
Visit Dt.
Stat
Service Type
Sub Category
History
Exam
Decision
Reviewer Code
DC
IT
Provider Code
Var
Diff
Audit Dt.
Patient
Payor
Fee Schedule
Provider
Report Options
Procedure
Diagnosis
Modifiers
With Notes
By Provider
Work RVU Totals
Audit Point Totals
Show Attached Documentation
Office Name
Sample Office
Phone Number
260-555-1212
Address
123 Anywhere Lane
Fax Number
260-555-1215
City
Midwest
State
IN
Zip
46723
Pat. ID | Visit Dt. | Stat | Service Type | Sub Category | History | Exam | Decision | Provider Code | Reviewer Code | Var | Diff | DC | IT
Summary Comments
Select A Print Option
Quick Print
Save To Excel
Save To PDF
Preview / Print in Word
Save To Word
Email Report
Print
Save Report Layout
Close
Display Page Numbers
To customize a report choose a report from the "Standard Reports" list. The "Available Columns" will show all of the available data columns from Visit Summaries. The default report fields are represented by the "shaded" items. The bold maroon items are columns that are selected. You can pick and choose the items from the "Available Columns" to tailor the report for your needs. You will notice the columns appear below along with a progress bar which shows the available space left on the report. When you run out of room the available columns will be greyed out and will not be able to be selected until something else is unchecked. Once you

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5.3 Audit Summary

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.

2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.

3. Click the **Reports** button located in the lower-left portion of the

screen. The **Report Options** screen pops up. **Audit Summary** is selected by default.

4. If the format for your **Audit Summary** was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.

5. Choose the desired columns and options you would like for your **Audit Summary**. See the Report Options help page for more information on how to format your report.

6. When you have the desired format, **Select a Print Option** and click **Print**.

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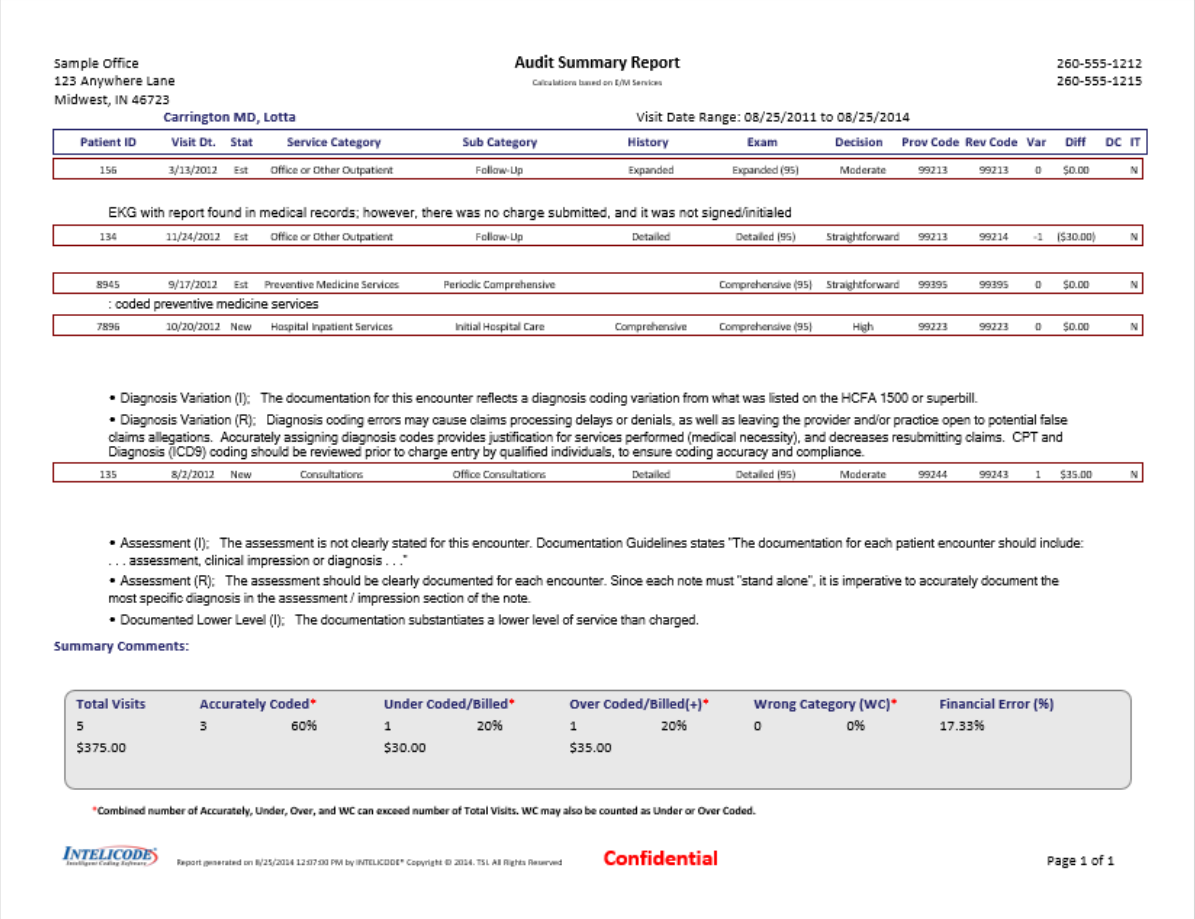

Sample Office
123 Anywhere Lane
Midwest, IN 46723

Audit Summary Report
Calculations based on E/M Services

260-555-1212
260-555-1215

Carrington MD, Lotta

Visit Date Range: 08/25/2011 to 08/25/2014

Patient ID	Visit Dt.	Stat	Service Category	Sub Category	History	Exam	Decision	Prov Code	Rev Code	Var	Diff	DC	IT
156	3/13/2012	Est	Office or Other Outpatient	Follow-Up	Expanded	Expanded (95)	Moderate	99213	99213	0	$0.00		N
EKG with report found in medical records; however, there was no charge submitted, and it was not signed/initialed													
134	11/24/2012	Est	Office or Other Outpatient	Follow-Up	Detailed	Detailed (95)	Straightforward	99213	99214	-1	($30.00)		N
8945	9/17/2012	Est	Preventive Medicine Services	Periodic Comprehensive		Comprehensive (95)	Straightforward	99395	99395	0	$0.00		N
: coded preventive medicine services													
7896	10/20/2012	New	Hospital Inpatient Services	Initial Hospital Care	Comprehensive	Comprehensive (95)	High	99223	99223	0	$0.00		N

- Diagnosis Variation (I); The documentation for this encounter reflects a diagnosis coding variation from what was listed on the HCFA 1500 or superbill.
- Diagnosis Variation (R); Diagnosis coding errors may cause claims processing delays or denials, as well as leaving the provider and/or practice open to potential false claims allegations. Accurately assigning diagnosis codes provides justification for services performed (medical necessity), and decreases resubmitting claims. CPT and Diagnosis (ICD9) coding should be reviewed prior to charge entry by qualified individuals, to ensure coding accuracy and compliance.

135	8/2/2012	New	Consultations	Office Consultations	Detailed	Detailed (95)	Moderate	99244	99243	1	$35.00		N

- Assessment (I); The assessment is not clearly stated for this encounter. Documentation Guidelines states "The documentation for each patient encounter should include: . . . assessment, clinical impression or diagnosis . . ."
- Assessment (R); The assessment should be clearly documented for each encounter. Since each note must "stand alone", it is imperative to accurately document the most specific diagnosis in the assessment / impression section of the note.
- Documented Lower Level (I); The documentation substantiates a lower level of service than charged.

Summary Comments:

Total Visits	Accurately Coded*		Under Coded/Billed*		Over Coded/Billed(+)*		Wrong Category (WC)*		Financial Error (%)
5	3	60%	1	20%	1	20%	0	0%	17.33%
$375.00			$30.00		$35.00				

*Combined number of Accurately, Under, Over, and WC can exceed number of Total Visits. WC may also be counted as Under or Over Coded.

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5.4 Issues and Recommendations

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.

2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.

3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.

4. If the format for your **Issues and Recommendations** report was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.

5. Otherwise, click on **Issues & Recommendations** under **Standard Reports** in the upper-left portion of the screen. This report is the only report that is based off of the **Note Macros** in the visit, not the ones you can edit on the left side of the screen in the visits.

6. The **Issues and Recommendations** report is static. The only **Report Options** you can change are the Office Name, Address, and Phone Number information that appears in the report heading. See the Report Options help page for more information on how to format your report.

7. When you have the desired format, **Select a Print Option** and click **Print**.

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Issues & Recommendations Report

Calculations based on E/M Services

260-555-1212
260-555-1215

Visit Date Range: 08/25/2011 to 08/25/2014

Reviewer: Auditor A

Provider: Carrington MD, Lotta

Number of Reports Audited: 5

Comments:

Records Accurately Coded	3	60%
Records Over Coded	1	20%
Records Under Coded	1	20%
Records Wrong Category(WC)	0	0%
Procedure Accuracy	1	0%
Diagnosis Accuracy	7	85.71%
Financial Error		17.33%

Document and Coding Issues

1 Encounter(s) had the Issues of: *Diagnosis Variation (I)*

The documentation for this encounter reflects a diagnosis coding variation from what was listed on the HCFA 1500 or superbill.

1 Encounter(s) had the Issues of: *Assessment (I)*

The assessment is not clearly stated for this encounter. Documentation Guidelines states "The documentation for each patient encounter should include: . . . assessment, clinical impression or diagnosis . . ."

1 Encounter(s) had the Issues of: *Documented Lower Level (I)*

The documentation substantiates a lower level of service than charged.

Recommendations

Diagnosis Variation (R)

Diagnosis coding errors may cause claims processing delays or denials, as well as leaving the provider and/or practice open to potential false claims allegations. Accurately assigning diagnosis codes provides justification for services performed (medical necessity), and decreases resubmitting claims. CPT and Diagnosis (ICD9) coding should be reviewed prior to charge entry by qualified individuals, to ensure coding accuracy and compliance.

Assessment (R)

The assessment should be clearly documented for each encounter. Since each note must "stand alone", it is imperative to accurately document the most specific diagnosis in the assessment / impression section of the note.

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5.5 Diagnosis and Procedures

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.

2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.

3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.

4. If the format for your **Diagnosis and Procedures** report was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.

5. Otherwise, click on **Diagnosis & Procedures** under **Standard Reports** in the upper-left portion of the screen.

6. If you want graphs on your report, check the box near the top of the screen for the **With Graph** option by clicking on the box or on the text itself.

7. Change the Office Name, Address, and Phone Number information, if needed. See the Report Options help page for more information on how to format your report.

8. When you have the desired format, **Select a Print Option** and

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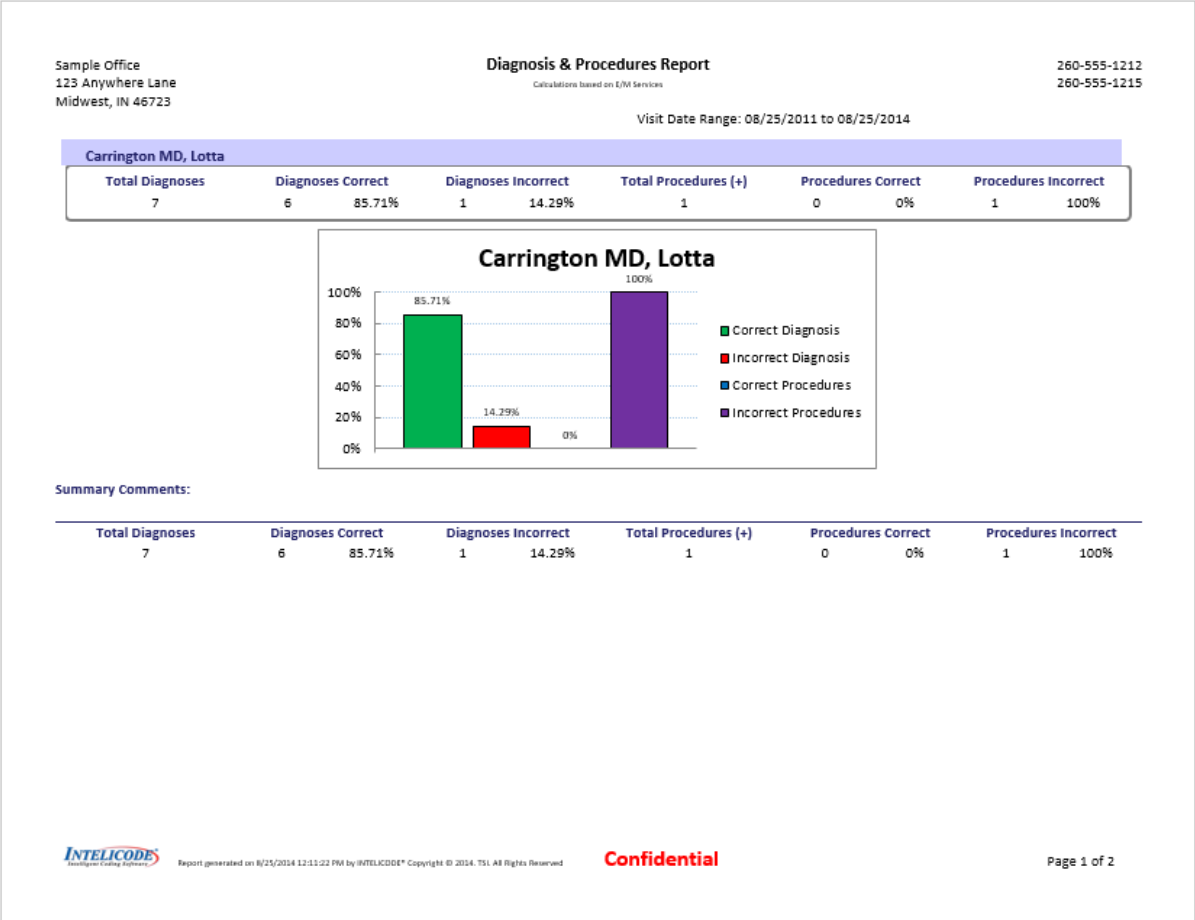
click **Print**.



Sample Office
123 Anywhere Lane
Midwest, IN 46723

Diagnosis & Procedures Report

Calculations based on E/M Services

260-555-1212
260-555-1215

Visit Date Range: 08/25/2011 to 08/25/2014

Carrington MD, Lotta

Total Diagnoses	Diagnoses Correct		Diagnoses Incorrect		Total Procedures (+)	Procedures Correct		Procedures Incorrect	
7	6	85.71%	1	14.29%	1	0	0%	1	100%

Summary Comments:

Total Diagnoses	Diagnoses Correct		Diagnoses Incorrect		Total Procedures (+)	Procedures Correct		Procedures Incorrect	
7	6	85.71%	1	14.29%	1	0	0%	1	100%

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5.6 Provider Summary

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.

2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are

looking for. This will filter the information to suit your needs.

3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.

4. If the format for your **Provider Summary** was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.

5. Otherwise, click on **Provider Summary** under **Standard Reports** in the upper-left portion of the screen.

6. The **Provider Summary** is static. The only **Report Options** you can change are the Office Name, Address, and Phone Number information that appears in the report heading. See the Report Options help page for more information on how to format your report.

7. When you have the desired format, **Select a Print Option** and click **Print**.

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Midwest, IN 46723

Provider Summary Report

Calculations based on E/M Services

260-555-1212
260-555-1215

Visit Date Range: 08/25/2011 to 08/25/2014

Patient ID	Visit Dt.	Patient	Rev Code	DC	TP	IT	Prov Code	Var	ProvRVU	UserRVU	Points
Carrington MD, Lotta											
156	3/13/2012	Singleton, Suzie	99213			N	99213	0	0	0	100
134	11/24/2012	Finestein, Fred	99214			N	99213	-1	0	0	96
8945	9/17/2012	Silverton, Denise	99395			N	99395	0	0	0	100
7896	10/20/2012	Jumpup, Johnny	99223			N	99223	0	0	0	100
135	8/2/2012	Swizzle, Cindy	99243			N	99244	1	0	0	96

Total Visits	Accurately Coded*		Under Coded/Billed*		Over Coded/Billed(+)*		Wrong Category (WC)*	
5	3	60%	1	20%	1	20%	0	0%

Total Diagnoses	Diagnoses Correct		Diagnoses Incorrect		Total Procedures (+)	Procedures Correct		Procedures Incorrect	
7	6	85.71%	1	14.29%	1	0	0%	1	100%

*Combined number of Accurately, Under, Over, and WC can exceed number of Total Visits. WC may also be counted as Under or Over Coded.

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5.7 Provider Net Fee Totals

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.

2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.

3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.

4. If the format for your **Provider Net Fee Totals** report was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.

5. Otherwise, click on **Provider Net Fee Totals** under **Standard Reports** in the upper-left portion of the screen.

6. If you want a graph on your report, check the box near the top of the screen for the **With Graph** option by clicking on the box or on the text itself.

7. Change the Office Name, Address, and Phone Number information, if needed. See the Report Options help page for more information on how to format your report.

8. When you have the desired format, **Select a Print Option** and

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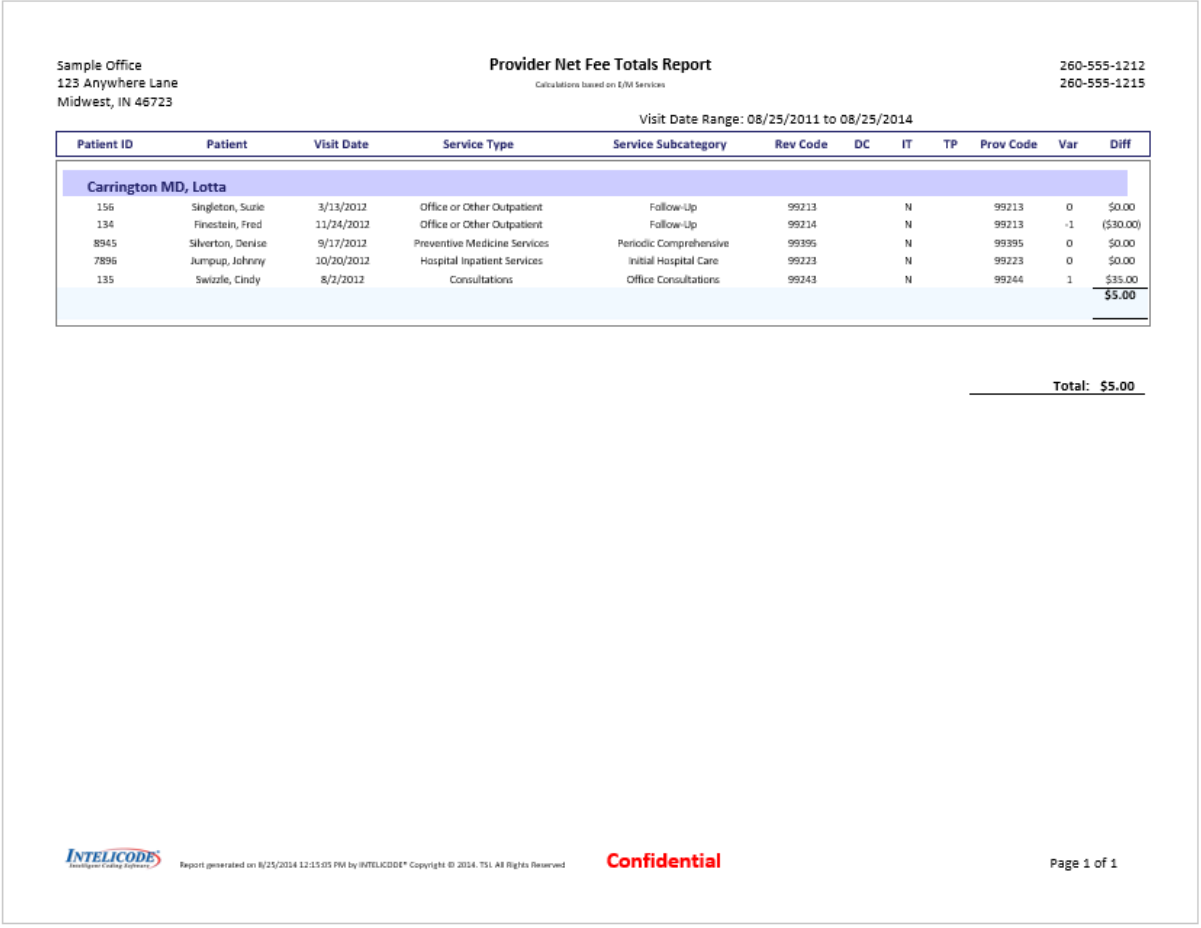
click **Print**.



Sample Office
123 Anywhere Lane
Midwest, IN 46723

Provider Net Fee Totals Report

Calculations based on E/M Services

260-555-1212
260-555-1215

Visit Date Range: 08/25/2011 to 08/25/2014

Patient ID	Patient	Visit Date	Service Type	Service Subcategory	Rev Code	DC	IT	TP	Prov Code	Var	Diff
Carrington MD, Lotta											
156	Singleton, Suzie	3/13/2012	Office or Other Outpatient	Follow-Up	99213		N		99213	0	$0.00
134	Finestein, Fred	11/24/2012	Office or Other Outpatient	Follow-Up	99214		N		99213	-1	($30.00)
8945	Silverton, Denise	9/17/2012	Preventive Medicine Services	Periodic Comprehensive	99395		N		99395	0	$0.00
7896	Jumpup, Johnny	10/20/2012	Hospital Inpatient Services	Initial Hospital Care	99223		N		99223	0	$0.00
135	Swizzle, Cindy	8/2/2012	Consultations	Office Consultations	99243		N		99244	1	$35.00
											$5.00

Total: $5.00

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5.8 Billed Code Totals

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.

2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are

looking for. This will filter the information to suit your needs.

3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.

4. If the format for your **Billed Code Totals** report was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.

5. Otherwise, click on **Billed Code Totals** under **Standard Reports** in the upper-left portion of the screen.

6. If you want a graph on your report, check the box near the top of the screen for the **With Graph** option by clicking on the box or on the text itself.

7. Change the Office Name, Address, and Phone Number information, if needed. See the Report Options help page for more information on how to format your report.

8. When you have the desired format, **Select a Print Option** and click **Print**.

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Sample Office
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Midwest, IN 46723

Billed Code Totals Report

Calculations based on E/M Services

260-555-1212
260-555-1215

Carrington MD, Lotta

Visit Date Range: 08/25/2011 to 08/25/2014

Patient ID	Patient	Visit Date.	Rev Code	Prov Code	Difference	Count
156	Singleton, Suzie	3/13/2012	99213	99213	$0.00	
134	Finestein, Fred	11/24/2012	99214	99213	($30.00)	
			Totals for Code:	**99213**	**($30.00)**	**2**
7896	Jumpup, Johnny	10/20/2012	99223	99223	$0.00	
			Totals for Code:	**99223**	**$0.00**	**1**
135	Swizzle, Cindy	8/2/2012	99243	99244	$35.00	
			Totals for Code:	**99244**	**$35.00**	**1**
8945	Silverton, Denise	9/17/2012	99395	99395	$0.00	
			Totals for Code:	**99395**	**$0.00**	**1**

Totals for all codes: **$5.00**

Summary Comments:

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5.9 Provider Accuracy Report

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.

2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.

3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.

4. If the format for your **Provider Accuracy Report** was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.

5. Otherwise, click on **Provider Accuracy Report** under **Standard Reports** in the upper-left portion of the screen.

6. The **Provider Accuracy Report** is static. The only **Report Options** you can change are the Office Name, Address, and Phone Number information that appears in the report heading. See the Report Options help page for more information on how to format your report.

7. When you have the desired format, **Select a Print Option** and click **Print**.

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Midwest, IN 46723

Provider Accuracy Report

Calculations based on E/M Services

260-555-1212
260-555-1215

Visit Date Range: 08/25/2011 to 08/25/2014

Patient ID	Visit Dt.	Patient	Rev Code	DC	TP	IT	Prov Code	Var	ProvRVU	UserRVU	Points
Carrington MD, Lotta											
156	3/13/2012	Singleton, Suzie	99213			N	99213	0	0	0	100
134	11/24/2012	Finestein, Fred	99214			N	99213	-1	0	0	96
8945	9/17/2012	Silverton, Denise	99395			N	99395	0	0	0	100
7896	10/20/2012	Jumpup, Johnny	99223			N	99223	0	0	0	100
135	8/2/2012	Swizzle, Cindy	99243			N	99244	1	0	0	96

Total Visits: 5 **Accurately Coded:** 3 60% **Provider RVUs:** 0 **User RVUs:** 0 **Points:** 492 / 500 (98.4%)

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5.10 Customer Provider Accuracy Report

1. Choose **Visit Summaries** from the **Visits** menu at the top of the screen.

2. Choose the criteria you wish to report by (i.e. **Status**, **Service Category**, **Service Sub Category**, **Provider**, etc.). Select as many as you deem necessary to achieve the results you are looking for. This will filter the information to suit your needs.

3. Click the **Reports** button located in the lower-left portion of the screen. The **Report Options** screen pops up.

4. If the format for your **Custom Provider Accuracy Report** was saved as a **Report Format**, select the name of the desired **Saved Report Format** by clicking on the name located in the white box below the **Saved Report Formats** heading in the lower-left portion of the screen.

5. Otherwise, click on **Custom Provider Accuracy Report** under **Standard Reports** in the upper-left portion of the screen.

6. Choose the options you would like for your **Custom Provider Accuracy Report**. See the Report Options help page for more information on how to format your report.

7. When you have the desired format, **Select a Print Option** and click **Print**.

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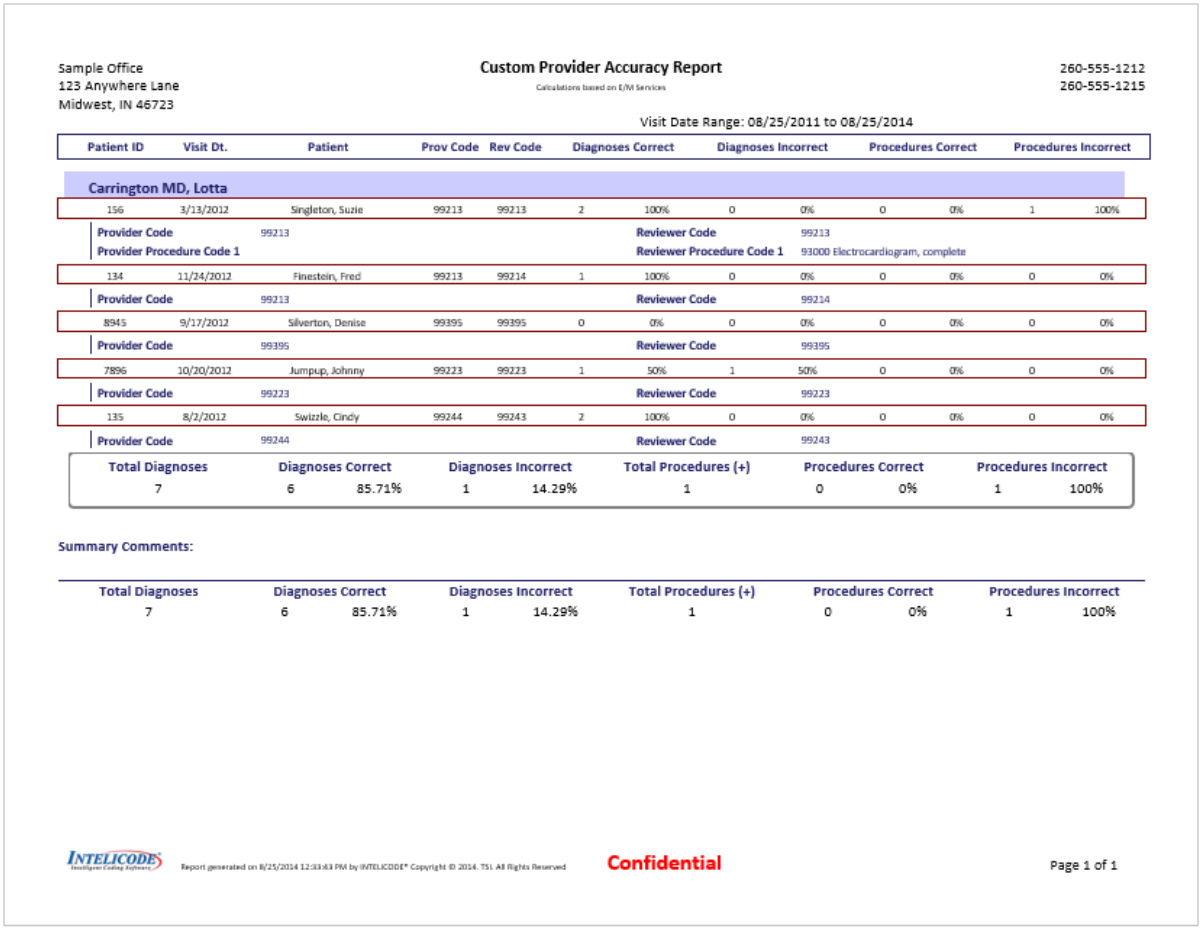

Sample Office
123 Anywhere Lane
Midwest, IN 46723

Custom Provider Accuracy Report

Calculations based on E/M Services

260-555-1212
260-555-1215

Visit Date Range: 08/25/2011 to 08/25/2014

Patient ID	Visit Dt.	Patient	Prov Code	Rev Code	Diagnoses Correct		Diagnoses Incorrect		Procedures Correct		Procedures Incorrect	
Carrington MD, Lotta												
156	3/13/2012	Singleton, Suzie	99213	99213	2	100%	0	0%	0	0%	1	100%
Provider Code	99213				Reviewer Code	99213						
Provider Procedure Code 1					Reviewer Procedure Code 1	93000 Electrocardiogram, complete						
134	11/24/2012	Finestein, Fred	99213	99214	1	100%	0	0%	0	0%	0	0%
Provider Code	99213				Reviewer Code	99214						
8945	9/17/2012	Silverton, Denise	99395	99395	0	0%	0	0%	0	0%	0	0%
Provider Code	99395				Reviewer Code	99395						
7896	10/20/2012	Jumpup, Johnny	99223	99223	1	50%	1	50%	0	0%	0	0%
Provider Code	99223				Reviewer Code	99223						
135	8/2/2012	Swizzle, Cindy	99244	99243	2	100%	0	0%	0	0%	0	0%
Provider Code	99244				Reviewer Code	99243						

Total Diagnoses	Diagnoses Correct		Diagnoses Incorrect		Total Procedures (+)	Procedures Correct		Procedures Incorrect	
7	6	85.71%	1	14.29%	1	0	0%	1	100%

Summary Comments:

Total Diagnoses	Diagnoses Correct		Diagnoses Incorrect		Total Procedures (+)	Procedures Correct		Procedures Incorrect	
7	6	85.71%	1	14.29%	1	0	0%	1	100%

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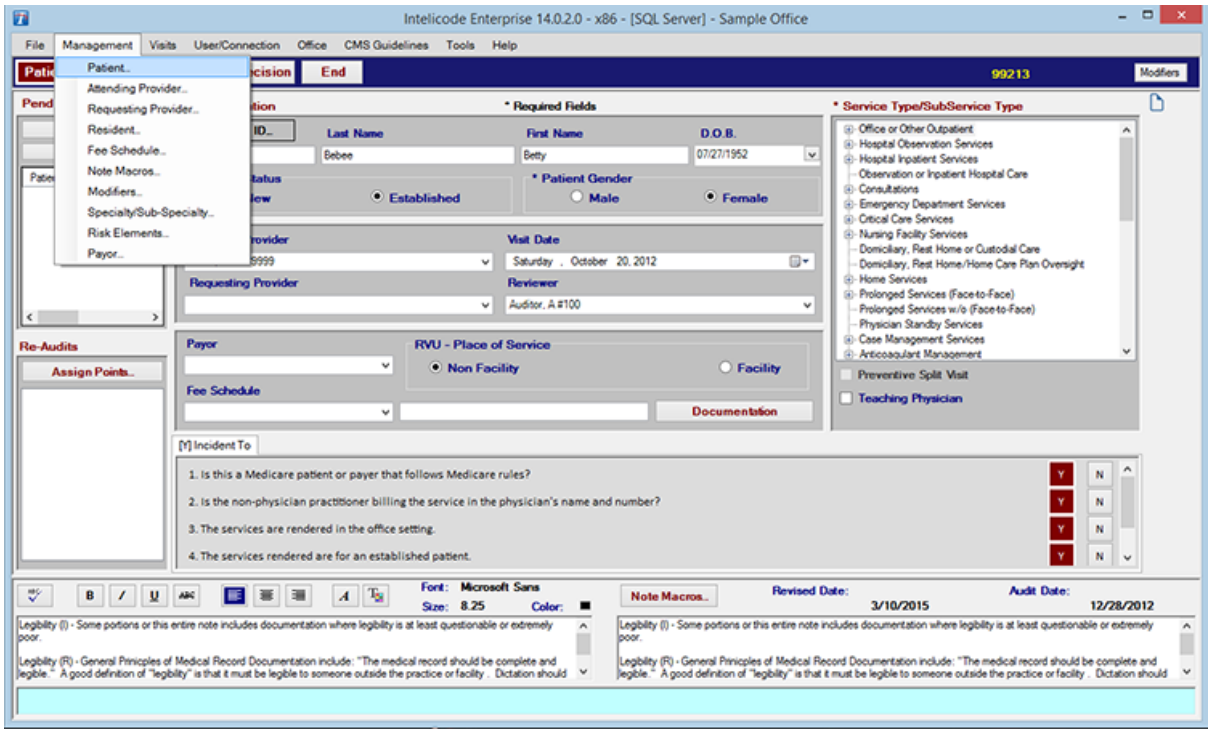
5.11 Management Reports

The **Management Reports** are printouts of the management data that is maintained under various tables under the **Management** menu. Follow the steps below for any type of **Management Report**

1. Click on the **Management** menu at the top of the screen.



2. Select the type of data you would like to run a report on by clicking on it. The **Management** screen opens showing the data for the report you selected on the right side of the screen.

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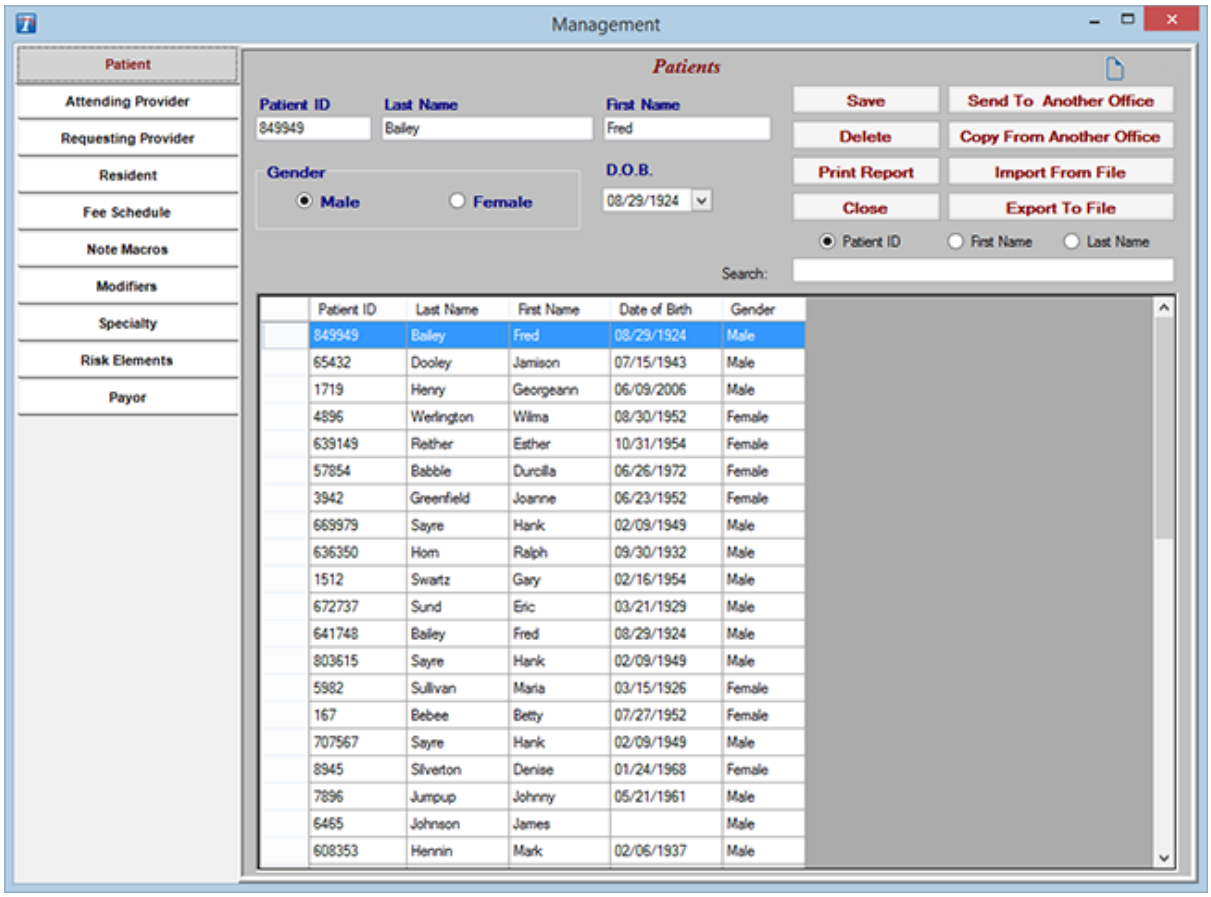

3. To change the type of report, click on the title on the menu on the left side of the **Management** screen.

4. To sort the data in the order you desire for your report, click on the column heading at the top of the top of the table in the lower-left portion of the screen.

5. To print a report, click on the **Print Report** button in the first column of buttons in the upper-right portion of the screen. The **Print Options** window will pop up.

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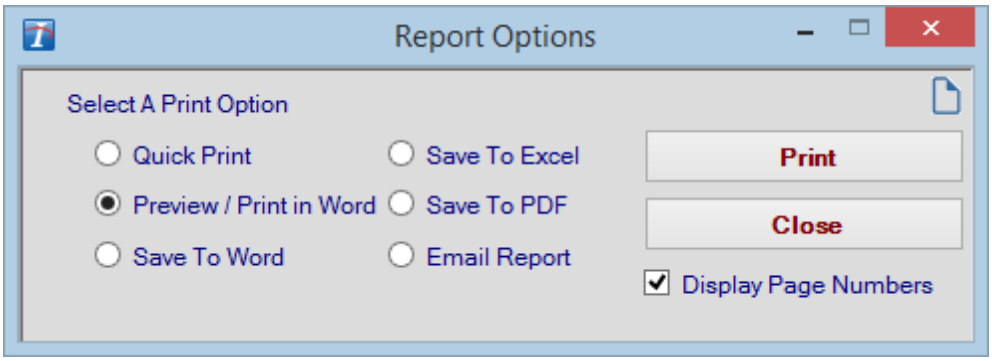

6. Select the option by which you would like to run your report by clicking on the circle next to the preferred option or by clicking on the text itself.

7. Click the **Print** button. Your report will run in the method in which you chose.

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Sample Office
123 Anywhere Lane
Midwest, IN 46723

Patient Report

260-555-1212
260-555-1215

Patient ID	Patient Name	Date of Birth	Gender
849949	Bailey, Fred	8/29/1924	Male
65432	Dooley, Jamison	7/15/1943	Male
1719	Henry, Georgeann	6/9/2006	Male
4896	Werlington, Wilma	8/30/1952	Female
639149	Reither, Esther	10/31/1954	Female
57854	Babble, Durcilla	6/26/1972	Female
3942	Greenfield, Joanne	6/23/1952	Female
669979	Sayre, Hank	2/9/1949	Male
636350	Horn, Ralph	9/30/1932	Male
1512	Swartz, Gary	2/16/1954	Male
672737	Sund, Eric	3/21/1929	Male
641748	Bailey, Fred	8/29/1924	Male
803615	Sayre, Hank	2/9/1949	Male
5982	Sullivan, Maria	3/15/1926	Female
167	Bebee, Betty	7/27/1952	Female
707567	Sayre, Hank	2/9/1949	Male
8945	Silverton, Denise	1/24/1968	Female
7896	Jumpup, Johnny	5/21/1961	Male
6465	Johnson, James		Male
608353	Hennin, Mark	2/6/1937	Male
861127	Sayre, Hank	2/9/1949	Male
842506	Reither, Esther	10/31/1954	Female
860354	Health, Joan	12/23/1934	Female
633369	Kalb, Carrie	1/15/1943	Female
7878	Santos, Miguel	11/15/1967	Male
156	Singleton, Suzie	8/14/1945	Female
878	Bodine, Gerald	2/25/1921	Male
814531	Lacey, Mitchell	3/8/1940	Male
801077	Hennin, Mark	2/6/1937	Male
615547	Lacey, Mitchell	3/8/1940	Male
321	Carlins, George	1/2/1934	Male
739321	Reither, Esther	10/31/1954	Female
641629	Reither, Esther	10/31/1954	Female
776004	Horn, Ralph	9/30/1932	Male
1308886	Armstrong, Denise	1/1/1952	Female
5544	Hollywell, Holly	6/5/1968	Female
134	Finestein, Fred	6/30/1959	Male
708519	Hennin, Mark	2/6/1937	Male
135	Swizzle, Cindy	3/22/1971	Female
123	Public, John	1/5/1963	Female
6236	Millford, Millie	9/27/1933	Female
707652	Sund, Eric	3/21/1929	Male
65465	Courtner, Gerald	3/21/1957	Male
718831	Lacey, Mitchell	3/8/1940	Male
3223	Finkleman, Henry	9/9/1929	Male
757286	Bailey, Fred	8/29/1924	Male
847892	Health, Joan	12/23/1934	Female
796023	Herritt, Tim	2/12/1947	Male

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Confidential

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6 Management

Even though you can add items on the fly in Intelicode, you can also enter them before you begin auditing. The following sections will instruct you how to enter data prior to using Intelicode, while using Intelicode and even when switching from office to office. Learn how to use each button shown on the management screens. Learn which screens allow you customize certain features in Intelicode.

6.1 Patient

1. **Add a Patient:**

   a. Click on the text box just below the **Patient ID** heading.

   b. Type in the Patient ID.

   c. Press the **Tab** key and type in the **Last Name** of the patient.

   d. Press the **Tab** key and type in the **First Name** of the patient.

   e. Enter the patient's **Gender** by clicking on either **Male** or **Female**.

   f. Enter the patient's **Date of Birth (D.O.B.)** by typing in the MM/DD/YYYY format, or you can also enter it by clicking on the drop down arrow on the right side of the text box just beneath the **D.O.B.** heading. Select the date from the calendar display.

   g. Save the new patient by clicking on the **Save** button.

2. **Select Records:**

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a. To select one record, click anywhere on the patient's row in the table.

b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.

c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. **Delete Patients:**

a. Select the patient record(s) you wish to delete.

b. Click the **Delete** button.

c. Click **Yes** to confirm the delete.

4. **Edit a Patient:**

a. Select the patient record you wish to edit by clicking anywhere on the patient's row in the table.

b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as needed.

c. To edit the **D.O.B.**, simply click on the text box and type it in in the MM/DD/YYYY format, or you can also edit it by clicking on the drop down arrow on the right side of the text box just beneath the **D.O.B.** heading. Select the date from the calendar display.

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d. Save your changes by clicking on the **Save** button.

5. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

6. **Search:**

   a. Choose the field that you would like to search on by clicking on the preferred field name just above the long text box next to the **Search:** heading.

   b. Next, click on that long text box and begin typing your search. Intelicode begins selecting records as you type.

7. **Send to Another Office:**

   a. Select the patient record(s) that you want to be sent (copied) to the **Patient** table in another office(s).

   b. Click the **Send to Another Office** button. The **Pick Office (s)** pop-up window will appear.

   c. Select the office(s) that you would like to send this record(s) to.

   d. Click **OK** to send the record(s). The patients remain in this office and are now copied to the **Patient** table in the other office(s) selected.

   e. If there is a **Patient ID** from the current office that is the same as a **Patient ID** from one of the selected office(s), you will be asked if you want to overwrite:

      i. The **Always** option will tell Intelicode to overwrite any and all Patient records (from this point forward in this process)

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that have a **Patient ID** that matches a **Patient ID** in the current **Patient** table.

ii. The **None** option will tell Intelicode to not overwrite any Patient records for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular Patient record and only this one.

iv. The **No** option will tell Intelicode to not overwrite this one particular Patient record. If there are any more duplicate records, you will asked the question again pertaining to each of the other records so long as you click **No** or **Yes**.

v. The **Cancel** option will stop the entire Send process.

8. **Copy From Another Office:**

a. Click the **Copy From Another Office** button.

b. Select the office(s) from which you wish to copy all of its patient records.

c. Click **OK**.

d. The patient records from the office(s) you selected are now a part of your current office's **Patient** table.

e. If there is a **Patient ID** from the selected office(s) that is the same as a **Patient ID** from your current **Patient** table, you will be asked if you want to overwrite:

i. The **Always** option will tell Intelicode to overwrite any and all Patient records (from this point forward in this process)

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that have a **Patient ID** that matches a **Patient ID** in the office from which you are copying.

ii. The **None** option will tell Intelicode to not overwrite any Patient records for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular Patient record and only this one.

iv. The **No** option will tell Intelicode to not overwrite this one particular Patient record. If there are any more duplicate records, you will asked the question again pertaining to each of the other records so long as you click **No** or **Yes**.

v. The **Cancel** option will stop the entire Copy process.

9. **Import From File:**

a. You can import patients from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

b. Click on the **Import From File** button. The **Open** window will pop up.

c. Browse to the location of the file you wish to import.

d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

e. Next, select the file by clicking on it.

f. Click the **Open** button to import the file.

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g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

j. Your imported data will appear in the table.

k. If you have questions about importing Patients, see Importing Patients help page.

10. Export to File:

a. If you'd like to export your **Patient** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

b. Browse to the location in which you would like to save your exported CSV file.

c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

d. Click **Save** to save the CSV file.

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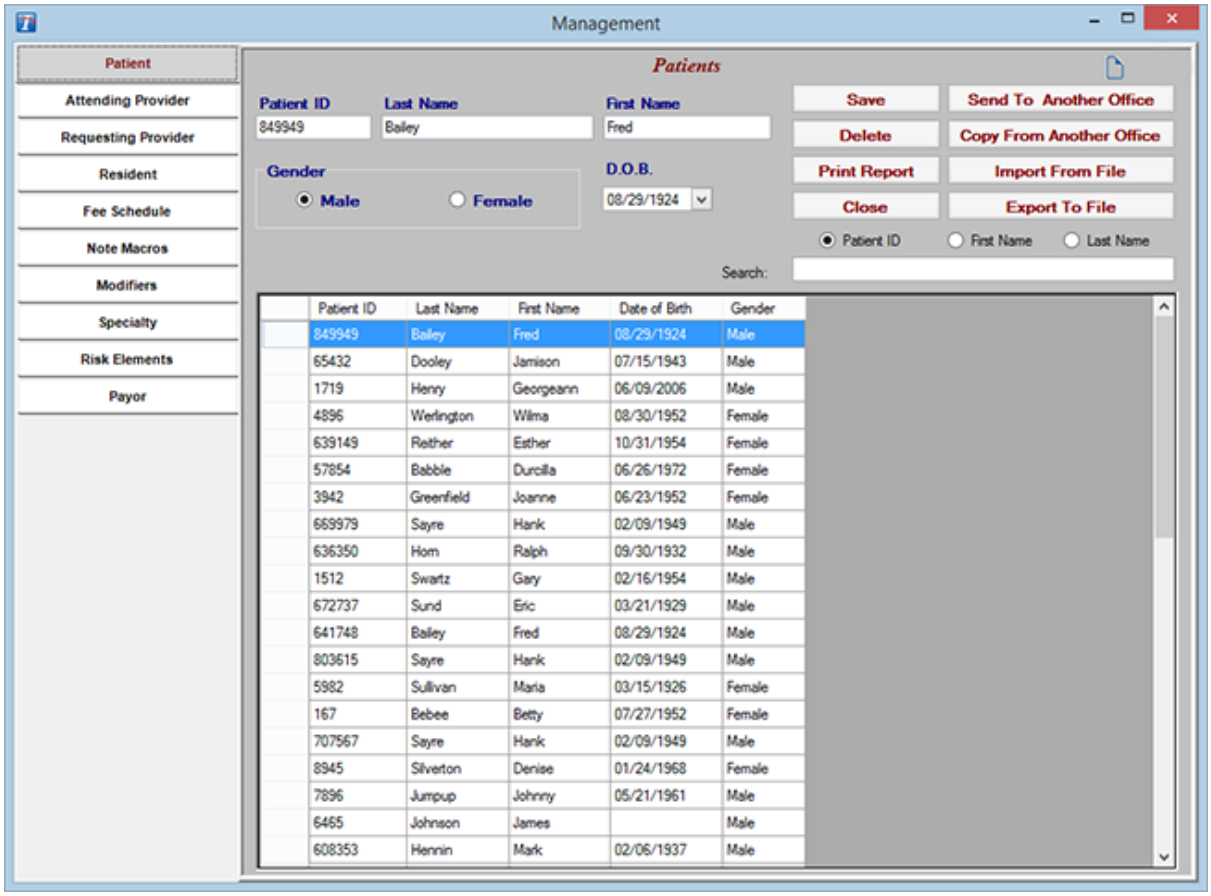
11. When you are finished with the **Patient** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.


Management
Patient
Attending Provider
Requesting Provider
Resident
Fee Schedule
Note Macros
Modifiers
Specialty
Risk Elements
Payor
Patients
Patient ID
849949
Last Name
Bailey
First Name
Fred
Gender
Male
Female
D.O.B.
08/29/1924
Save
Send To Another Office
Delete
Copy From Another Office
Print Report
Import From File
Close
Export To File
Patient ID
First Name
Last Name
Search:
Patient ID | Last Name | First Name | Date of Birth | Gender
849949 | Bailey | Fred | 08/29/1924 | Male
65432 | Dooley | Jamison | 07/15/1943 | Male
1719 | Henry | Georgeann | 06/09/2006 | Male
4896 | Werlington | Wilma | 08/30/1952 | Female
639149 | Reither | Esther | 10/31/1954 | Female
57854 | Babble | Durcilla | 06/26/1972 | Female
3942 | Greenfield | Joanne | 06/23/1952 | Female
669979 | Sayre | Hank | 02/09/1949 | Male
636350 | Hom | Ralph | 09/30/1932 | Male
1512 | Swartz | Gary | 02/16/1954 | Male
672737 | Sund | Eric | 03/21/1929 | Male
641748 | Bailey | Fred | 08/29/1924 | Male
803615 | Sayre | Hank | 02/09/1949 | Male
5982 | Sullivan | Maria | 03/15/1926 | Female
167 | Bebee | Betty | 07/27/1952 | Female
707567 | Sayre | Hank | 02/09/1949 | Male
8945 | Silverton | Denise | 01/24/1968 | Female
7896 | Jumpup | Johnny | 05/21/1961 | Male
6465 | Johnson | James | | Male
608353 | Hennin | Mark | 02/06/1937 | Male

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6.2 Attending Provider

1. Add a Provider:

a. Click on the text box just below the **Provider ID** heading.

b. Type in the Provider ID.

c. Press the **Tab** key and type in the **First Name** of the provider.

d. Press the **Tab** key and type in the **Last Name** of the provider.

e. Choose the **Specialty/Sub-Specialty** of this provider by clicking on the box just below the **Specialty/Sub-Specialty** heading and clicking on the appropriate option.

f. Choose the **Default Exam Type** for this provider by clicking on the box just below the **Default Exam Type** heading and clicking on the appropriate option.

g. Choose the **Default Fee Schedule** for this provider by clicking on the box just below the **Default Fee Schedule heading** and clicking on the appropriate option.

h. If this Provider is a **Physician Assistant**, check the box next to the **Physician Assistant** heading or click on the heading itself.

i. If you would like to archive this Provider, check the box next to the **Archive Provider** heading or click on the heading itself.

j. Save the new provider by clicking on the **Save** button.

2. **Select Records:**

a. To select one record, click anywhere on the Provider's row in the table.

b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down

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the **Shift** key, and select the last record in the range.

c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. **Delete Providers:**

a. Select the Provider record(s) you wish to delete.

b. Click the **Delete** button.

4. **Edit a Provider:**

a. Select the Provider record you wish to edit by clicking anywhere on the Provider's row in the table.

b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.

c. To change the **Specialty/Sub-specialty**, **Default Exam Type** or **Default Fee Schedule**, click on the corresponding drop down box and click on the appropriate option.

d. If this Provider is a **Physician Assistant**, check the box next to the **Physician Assistant** heading or click on the heading itself.

e. If you would like to archive this Provider, check the box next to the **Archive Provider** heading or click on the heading itself.

f. Save your changes by clicking on the **Save** button.

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5. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

6. **Search:**

   a. Choose the field that you would like to search on by clicking on the preferred field name just above the long text box next to the **Search:** heading.

   b. Next, click on that long text box and begin typing your search. Intelicode begins selecting records as you type.

7. **Send to Another Office:**

   a. Select the Provider record(s) that you want to be sent (copied) to the **Provider** table in another office(s).

   b. Click the **Send to Another Office** button. The **Pick Office (s)** pop-up window will appear.

   c. Select the office(s) that you would like to send this record(s) to.

   d. Click **OK** to send the record(s). The Providers remain in this office and are now copied to the **Provider** table in the other office(s) selected.

   e. If there is a **Provider ID** from the selected office(s) that is the same as a **Provider ID** in the data that you are sending, you will be asked if you want to overwrite:

      i. The **All** option will tell Intelicode to overwrite any and all Provider records (from this point forward in this process) in the selected office(s) that have a **Provider ID** that matches a **Provider ID** in the provider data that you are

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sending.

ii. The **None** option will tell Intelicode to not overwrite any Provider records for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular Provider record and only this record.

iv. The **No** option will tell Intelicode to not overwrite this one particular Provider record and only this record.

v. The **Cancel** option will stop the entire Send process.

8. **Copy From Another Office:**

a. Click the **Copy From Another Office** button.

b. Select the office(s) from which you wish to copy all of its Provider records.

c. Click **OK**.

d. The Provider records from the office(s) you selected are now a part of your current office's **Provider** table.

e. If there is a **Provider ID** from the selected office(s) that is the same as a **Provider ID** from your current **Provider** table, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode to overwrite any and all Provider records (from this point forward in this process) that have a **Provider ID** that matches a **Provider ID** in the data that you are copying.

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ii. The **None** option will tell Intelicode to not overwrite any Provider records for this particular copy.

iii. The **Yes** option will tell Intelicode to overwrite this one particular Provider record and only this one.

iv. The **No** option will tell Intelicode to not overwrite this one particular Provider record. If there are any more duplicate records, you will be asked the question again pertaining to each of the other records so long as you click **No** or **Yes**.

v. The **Cancel** option will stop the entire Copy process.

9. **Import From File:**

a. You can import providers from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

b. Click on the **Import From File** button. The **Open** window will pop up.

c. Browse to the location of the file you wish to import.

d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

e. Next, select the file by clicking on it.

f. Click the **Open** button to import the file.

g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

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h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

j. Your imported data will appear in the table.

k. If you have questions about importing Attending Providers, see Importing Attending Providers help page.

10. Export to File:

a. If you'd like to export your **Provider** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

b. Browse to the location in which you would like to save your exported CSV file.

c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

d. Click **Save** to save the CSV file.

11. When you are finished with the **Attending Provider** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close

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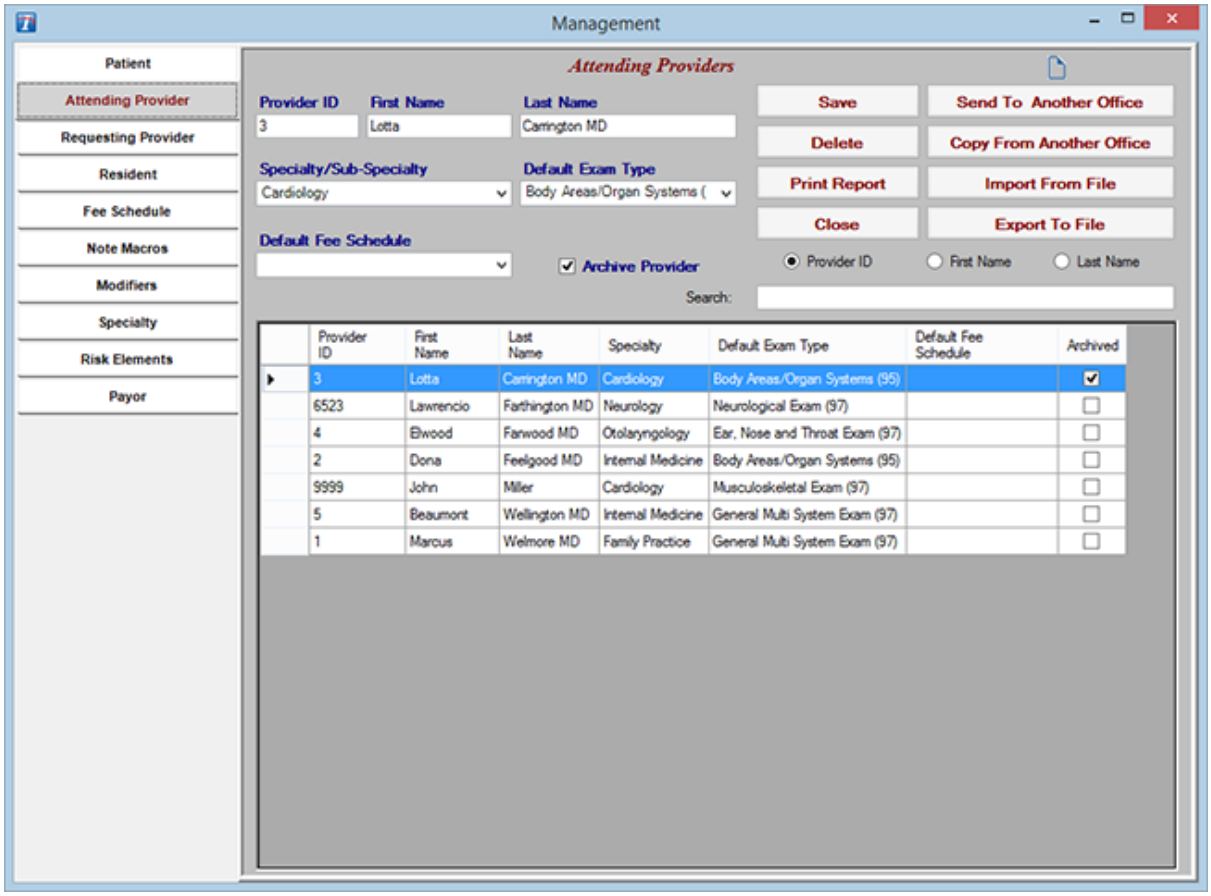
the **Management** screen.



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6.3 Requesting Provider

1. Add a Provider:

a. Click on the text box just below the **Provider ID** heading.

b. Type in the Provider ID.

c. Press the **Tab** key and type in the **First Name** of the provider.

d. Press the **Tab** key and type in the **Last Name** of the provider.

e. Choose the **Specialty/Sub-Specialty** of this provider by clicking on the box just below the **Specialty/Sub-Specialty** heading and clicking on the appropriate option.

f. If this Provider is a **Physician Assistant**, check the box next to the **Physician Assistant** heading or click on the heading itself.

g. If you would like to archive this Provider, check the box next to the **Archive Provider** heading or click on the heading itself.

h. Save the new provider by clicking on the **Save** button.

2. **Select Records:**

a. To select one record, click anywhere on the Provider's row in the table.

b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.

c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. **Delete Providers:**

a. Select the Provider record(s) you wish to delete.

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b. Click the **Delete** button.

4. **Edit a Provider:**

   a. Select the Provider record you wish to edit by clicking anywhere on the Provider's row in the table.

   b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.

   c. To change the **Specialty/Sub-specialty**, click on the corresponding drop down box and click on the appropriate option.

   d. If this Provider is a **Physician Assistant**, check the box next to the **Physician Assistant** heading or click on the heading itself.

   e. If you would like to archive this Provider, check the box next to the **Archive Provider** heading or click on the heading itself.

   f. Save your changes by clicking on the **Save** button.

5. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

6. **Search:**

   a. Choose the field that you would like to search on by clicking on the preferred field name just above the long text box next to the **Search:** heading.

   b. Next, click on that long text box and begin typing your search.

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Intelicode begins selecting records as you type.

7. **Send to Another Office:**

   a. Select the Provider record(s) that you want to be sent (copied) to the **Provider** table in another office(s).

   b. Click the **Send to Another Office** button. The **Pick Office (s)** pop-up window will appear.

   c. Select the office(s) that you would like to send this record(s) to.

   d. Click **OK** to send the record(s). The Providers remain in this office and are now copied to the **Provider** table in the other office(s) selected.

   e. If there is a **Provider ID** from the selected office(s) that is the same as a **Provider ID** in the data that you are sending, you will be asked if you want to overwrite:

      i. The **All** option will tell Intelicode to overwrite any and all Provider records (from this point forward in this process) in the selected office(s) that have a **Provider ID** that matches a **Provider ID** in the provider data that you are sending.

      ii. The **None** option will tell Intelicode to not overwrite any Provider records for this particular copy from this point forward in this process.

      iii. The **Yes** option will tell Intelicode to overwrite this one particular Provider record and only this record.

      iv. The **No** option will tell Intelicode to not overwrite this one

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particular Provider record and only this record.

v. The **Cancel** option will stop the entire Send process.

8. **Copy From Another Office:**

a. Click the **Copy From Another Office** button.

b. Select the office(s) from which you wish to copy all of its Provider records.

c. Click **OK**.

d. The Provider records from the office(s) you selected are now a part of your current office's **Provider** table.

e. If there is a **Provider ID** from the selected office(s) that is the same as a **Provider ID** from your current **Provider** table, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode to overwrite any and all Provider records (from this point forward in this process) that have a **Provider ID** that matches a **Provider ID** in the data that you are copying.

ii. The **None** option will tell Intelicode to not overwrite any Provider records for this particular copy.

iii. The **Yes** option will tell Intelicode to overwrite this one particular Provider record and only this record.

iv. The **No** option will tell Intelicode to not overwrite this one particular Provider record and only this record.

v. The **Cancel** option will stop the entire Copy process.

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9. Import From File:

a. You can import providers from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

b. Click on the **Import From File** button. The **Open** window will pop up.

c. Browse to the location of the file you wish to import.

d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

e. Next, select the file by clicking on it.

f. Click the **Open** button to import the file.

g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

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j. Your imported data will appear in the table.

k. If you have questions about importing Requesting Providers, see Importing Requesting Providers help page.

10. Export to File:

a. If you'd like to export your **Provider** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

b. Browse to the location in which you would like to save your exported CSV file.

c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

d. Click **Save** to save the CSV file.

11. When you are finished with the **Requesting Provider** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.

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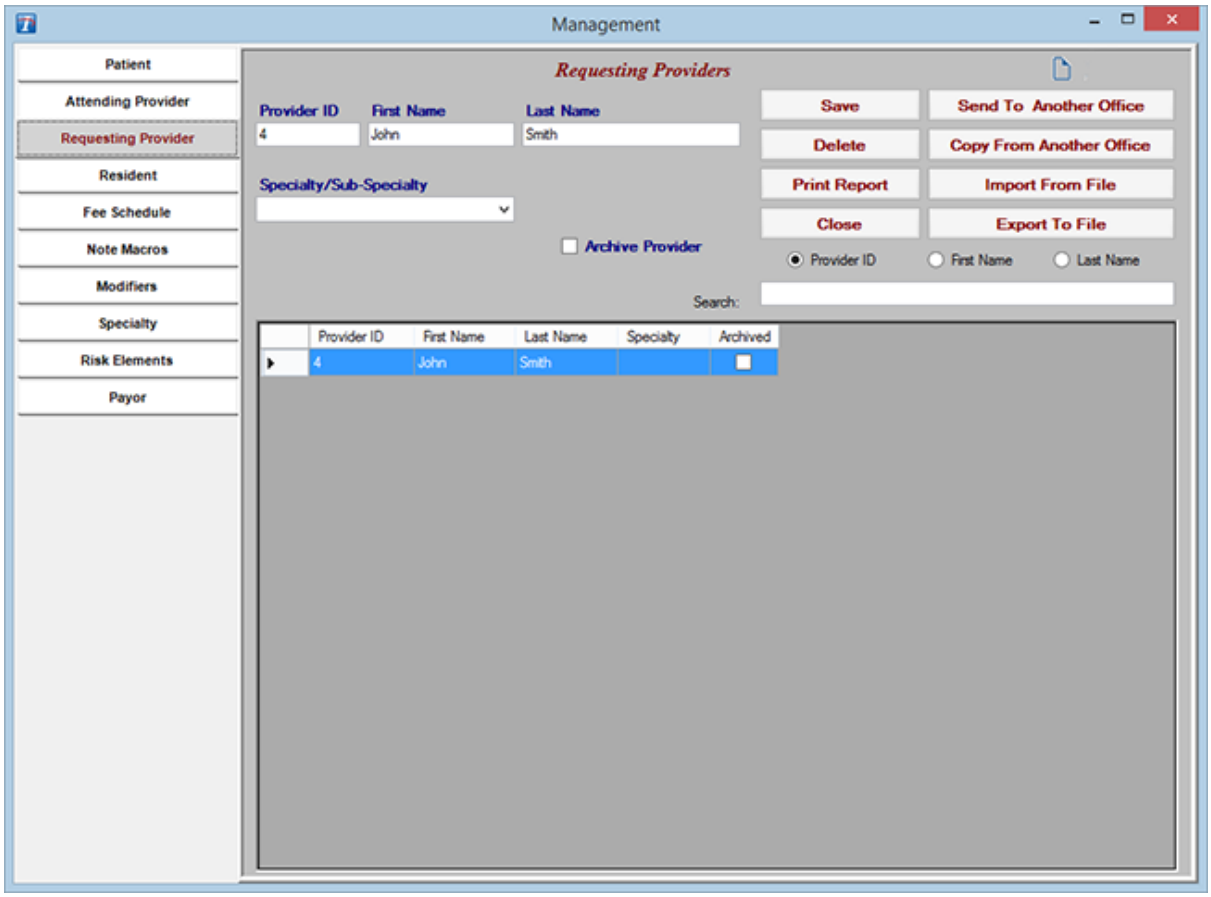

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6.4 Resident

I. Add a Resident:

a. Click on the text box just below the **Resident ID** heading.

b. Type in the Resident ID.

c. Press the **Tab** key and type in the **First Name** of the Resident.

d. Press the **Tab** key and type in the **Last Name** of the

Resident.

e. If you would like to archive this Resident, check the box next to the **Archive Resident** heading or click on the heading itself.

f. Save the new Resident by clicking on the **Save** button.

2. **Select Records:**

a. To select one record, click anywhere on the Resident's row in the table.

b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.

c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. **Delete Residents:**

a. Select the Resident record(s) you wish to delete.

b. Click the **Delete** button.

4. **Edit a Resident:**

a. Select the Resident record you wish to edit by clicking anywhere on the Resident's row in the table.

b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as

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appropriate.

c. If you would like to archive this Resident, check the box next to the **Archive Resident** heading or click on the heading itself.

d. Save your changes by clicking on the **Save** button.

5. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

6. **Search:**

a. Choose the field that you would like to search on by clicking on the preferred field name just above the long text box next to the **Search:** heading.

b. Next, click on that long text box and begin typing your search. Intelicode begins selecting records as you type.

7. **Send to Another Office:**

a. Select the Resident record(s) that you want to be sent (copied) to the **Resident** table in another office(s).

b. Click the **Send to Another Office** button. The **Pick Office (s)** pop-up window will appear.

c. Select the office(s) that you would like to send this record(s) to.

d. Click **OK** to send the record(s). The Residents remain in this office and are now copied to the **Resident** table in the other office(s) selected.

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e. If there is a **Resident ID** from the selected office(s) that is the same as a **Resident ID** from the data that you are sending, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode to overwrite any and all Resident records (from this point forward in this process) in the selected office(s) that have a **Resident ID** that matches a **Resident ID** in the data that you are sending.

ii. The **None** option will tell Intelicode to not overwrite any Resident records for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular Resident record and only this record.

iv. The **No** option will tell Intelicode to not overwrite this one particular Resident record and only this record.

v. The **Cancel** option will stop the entire Send process.

8. Copy From Another Office:

a. Click the **Copy From Another Office** button.

b. Select the office(s) from which you wish to copy all of its Resident records.

c. Click **OK**. The Resident records from the office(s) you selected are now a part of your current office's **Resident** table.

d. If there is a **Resident ID** from the selected office(s) that is the same as a **Resident ID** from your current **Resident** table, you will be asked if you want to overwrite:

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i. The **All** option will tell Intelicode to overwrite any and all Resident records (from this point forward in this process) that have a **Resident ID** that matches a **Resident ID** in the data you are copying.

ii. The **None** option will tell Intelicode to not overwrite any Resident records for this particular copy.

iii. The **Yes** option will tell Intelicode to overwrite this one particular Resident record and only this record.

iv. The **No** option will tell Intelicode to not overwrite this one particular Resident record and only this record.

v. The **Cancel** option will stop the entire Copy process. The **Copy From Another Office** window will disappear.

9. **Import From File:**

a. You can import Residents from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

b. Click on the **Import From File** button. The **Open** window will pop up.

c. Browse to the location of the file you wish to import.

d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

e. Next, select the file by clicking on it.

f. Click the **Open** button to import the file.

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g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

j. Your imported data will appear in the table.

k. If you have questions about importing Residents, see Importing Residents help page.

10. Export to File:

a. If you'd like to export your **Resident** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

b. Browse to the location in which you would like to save your exported CSV file.

c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

d. Click **Save** to save the CSV file.

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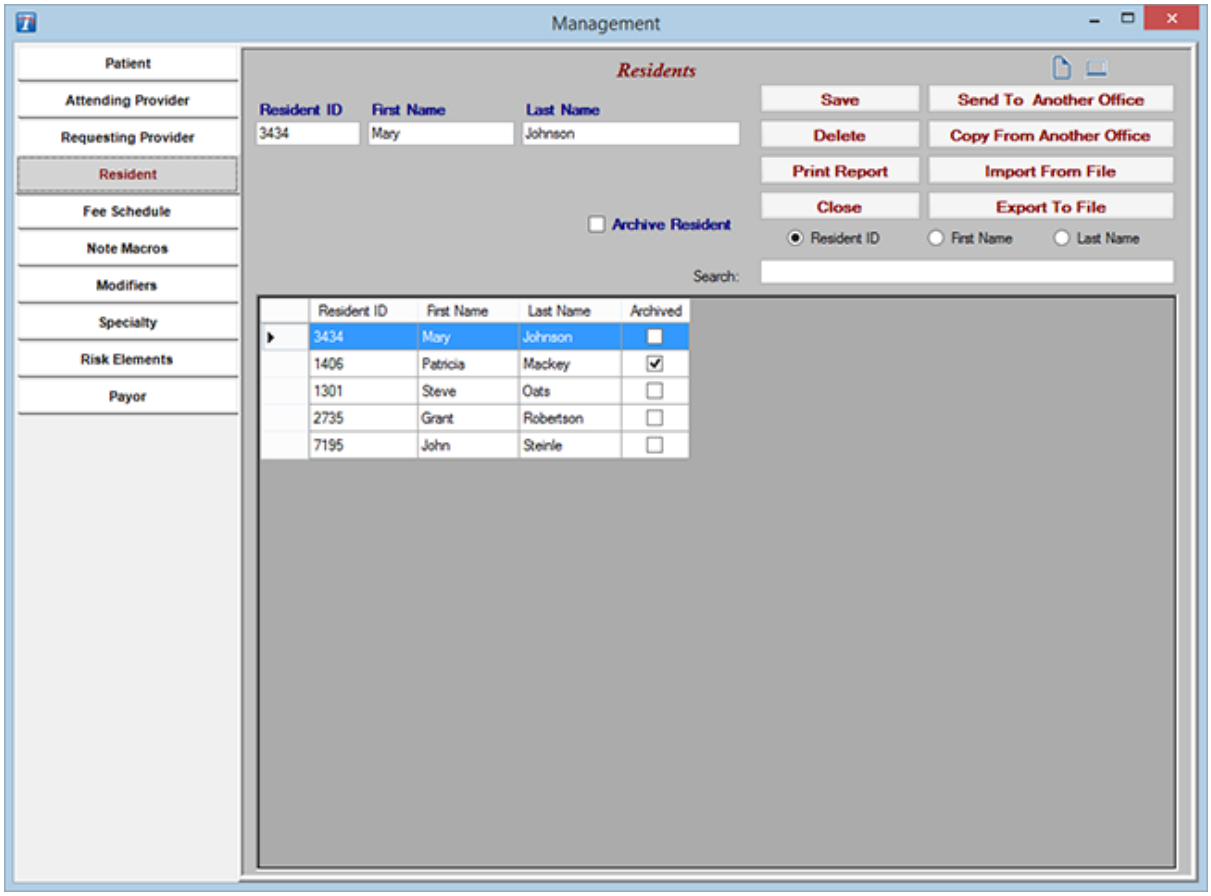
11. When you are finished with the **Resident** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.



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6.5 Fee Schedule

1. Add a New Fee Schedule:

a. Click on the **New** button.

b. Type in a name for the new Fee Schedule.

c. Click **OK**.

2. **Choose Category:**

a. To only view Fee Schedule records for a certain category of CPT codes, click on the desired category in the white box in the middle of the screen. The records will appear just below this section of the screen.

b. Click on the + or - to expand or contract respectively to see more or less subcategories of CPT codes.

3. **Select a Fee Schedule:**

a. To select a Fee Schedule, click on the drop down box just below the **Fee Schedule** heading and then clicking on the Fee Schedule you wish to select.

b. To **Download** a Medicare Allowable Fee Schedule, first click on the drop down box just below the **Year** heading and select the year from which the Medicare Allowable Fee Schedule is that you wish to download. A list of Fee Schedules for you to select from will appear in the drop down box just below the **Medicare Allowable Fee Schedule** heading.

c. Click the **Download** button to download the fee schedule that you desire. If the download finished properly, you will now see this Fee Schedule in the **Fee Schedule** drop down list.

4. **Delete a Fee Schedule:**

a. Select the Fee Schedule you wish to delete.

b. Click the **Delete** button.

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5. **Rename a Fee Schedule:**

   a. Select the **Fee Schedule** you wish to **Rename**.

   b. Click the **Rename** button.

   c. Type the new name.

   d. Click **OK**

6. **Edit a Fee Schedule:**

   a. In the table, find the record and the field that you wish to edit.

   b. Click on the cell and type in the new number.

   c. To register the change, click off of the cell, press the **Tab** key, or the **Enter** key.

   d. The **Tab** key will allow you to move horizontally through a record, editing as you go, if you wish.

   e. The **Enter** key will allow you to move vertically through a field, editing as you go, if you wish.

   f. Save your changes by clicking on the **Save** button.

7. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

8. **Send to Another Office:**

   a. Select the Fee Schedule that you want to be sent (copied) to another office(s).

   b. Click the **Send to Another Office** button. The **Pick Office (s)** pop-up window will appear.

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c. Select the office(s) that you would like to send this Fee Schedule to.

d. Click **OK** to send the record(s). The Fee Schedule remains in this office and is now also copied to the **Fee Schedule** list in the other office(s) selected.

e. If there is a **Fee Schedule Name** from the selected office(s) that is the same as a **Fee Schedule Name** from the data you are sending, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode to overwrite any and all fee schedules (from this point forward in this process) in the selected office(s) that have a **Fee Schedule Name** that matches a **Fee Schedule Name** in the data you are sending.

ii. The **None** option will tell Intelicode to not overwrite any fee schedules for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular fee schedule and only this fee schedule.

iv. The **No** option will tell Intelicode to not overwrite this one particular fee schedule and only this fee schedule.

v. The **Cancel** option will stop the entire Send process.

9. Copy From Another Office:

a. Click the **Copy From Another Office** button.

b. Select the office(s) from which you wish to copy all of its Fee Schedules.

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c. Click **OK**. The Fee Schedules from the office(s) you selected are now a part of your current office's **Fee Schedule** list.

d. The Fee Schedules from the office(s) you selected are now a part of your current office's **Fee Schedule** list.

e. If there is a **Fee Schedule Name** from the selected office(s) that is the same as a **Fee Schedule Name** from your current office, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode to overwrite any and all fee schedules (from this point forward in this process) that have a **Fee Schedule Name** that matches a **Fee Schedule Name** in the data you are copying.

ii. The **None** option will tell Intelicode to not overwrite any fee schedules for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular fee schedule and only this fee schedule.

iv. The **No** option will tell Intelicode to not overwrite this one particular fee schedule and only this fee schedule.

v. The **Cancel** option will stop the entire Copy process.

10. Import From File:

a. You can import Fee Schedules from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

b. Click on the **Import From File** button. The **Open** window will pop up.

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c. Browse to the location of the file you wish to import.

d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

e. Next, select the file by clicking on it.

f. Click the **Open** button to import the file.

g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

j. Your imported data will appear in the table.

k. If you have questions about importing Fee Schedules, see Importing Fee Schedules help page.

11. Export to File:

a. If you'd like to export your **Fee Schedule** to a **Comma Separated Values (.csv)** file, click the **Export To**

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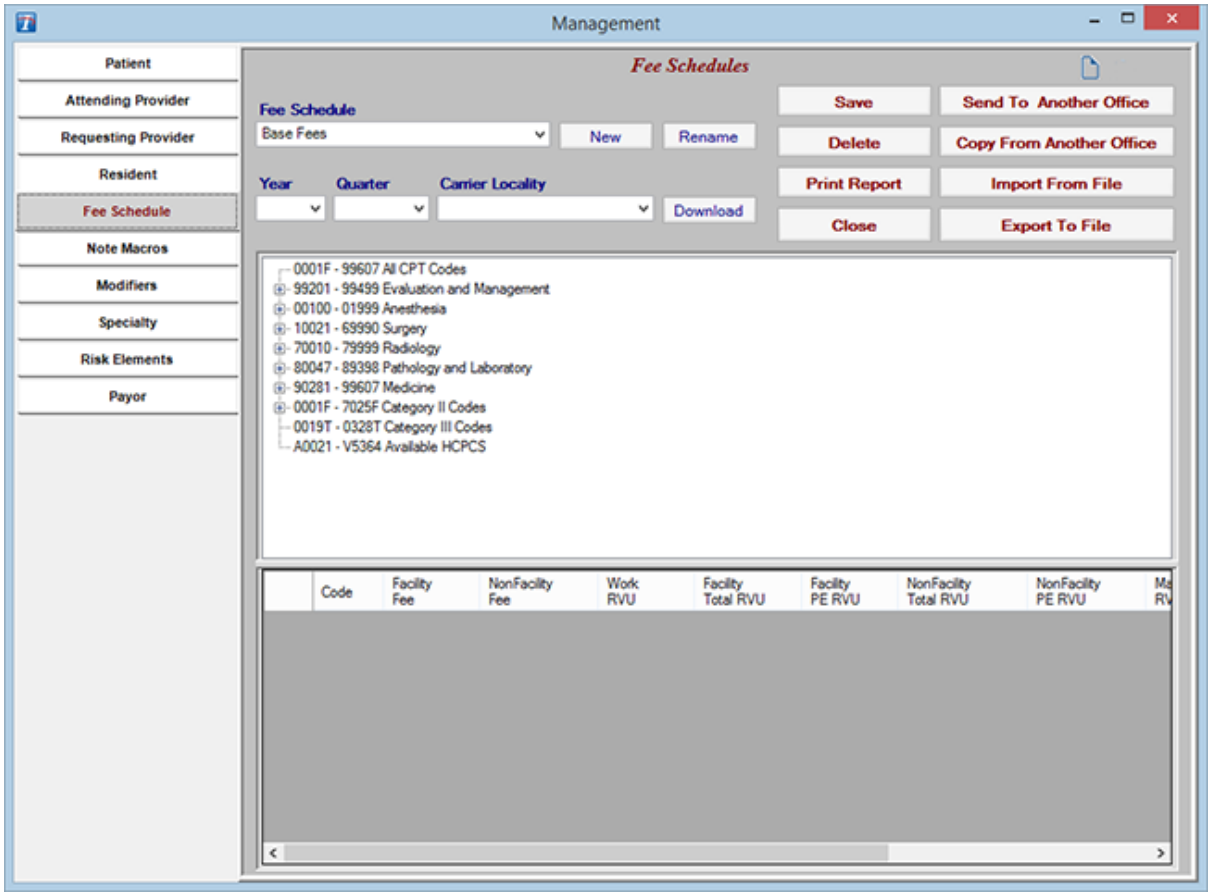
File button.

b. Browse to the location in which you would like to save your exported CSV file.

c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

d. Click **Save** to save the CSV file.

12. When you are finished with the **Fee Schedule** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.



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6.6 Note Macros

Note Macros can be an extremely helpful tool for auditors to help them to more clearly elaborate their findings in encounter documentation. They can also be extremely beneficial as an educational tool for providing physicians/ providers with additional information about problems and/or recommendations concerning documentation. Think of them as saved information tidbits that can be pasted into an encounter as a note anytime you wish.

1. To begin using **Note Macros**, simply click on the **Note Macros** button appearing in the lower portion of the **Patient**, **History**, **Exam**, **Decision**, and **End** screens. A **Note Macros - Management** pop-up screen will appear.

2. Or, click on the **Management** menu at the top of the screen, and then click **Note Macros**.

3. **Insert Note Macros into a Visit:**

   a. In the box under the heading **Choose the macro(s) you want to insert into the note field**, find the **Macro Name** of the **Note Macro** that you want to insert into your current visit.

   b. Double-click on any macro name that you want to insert into the current visit.

   c. Or, select the macro name by clicking on it, then click the arrow that points to the right. The name will appear in the box to the right and in your current visit.

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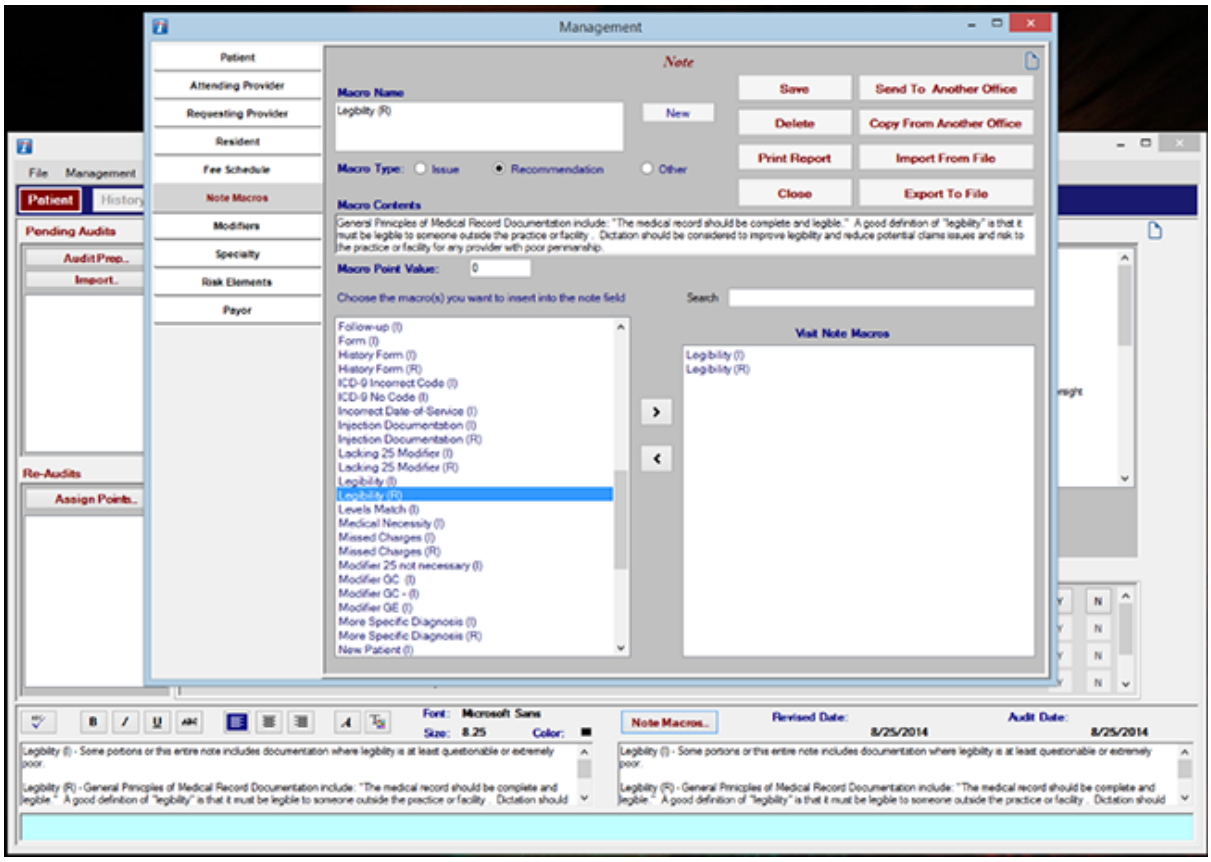
d. If you change your mind and you wish to remove a Note Macro from the visit, double-click on the macro name in the box on the right side of the screen. Or, select the macro name in the box on the right side of the screen by clicking on it, and then click the arrow button that points to the left. It will be removed from the right box (the left box will have to edited manually) and from the current visit.



4. Create a New Note Macro:

a. Click the **New** button toward the top of the screen.

b. Click on the text box just below the **Macro Name** heading.

c. Type in a Macro Name.

d. Designate the **Macro Type** by clicking on the circle next to

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the text (**Issue**, **Recommendation**, or **Other**) or by clicking on the text itself.

e. Click on the text box just below the **Macro Contents** heading.

f. Type in the **Macro Contents**.

g. If you wish to have a **Macro Point Value** associated with this Macro, click on the text box just to the right of the **Macro Point Value** heading.

h. Type in the point value.

i. Save the new Note Macro by clicking on the **Save** button.

5. Delete Note Macros:

a. Select the **Note Macro** you wish to delete by clicking on the Macro Name in the box in the lower-left portion of the screen.

b. Click the **Delete** button. Your Note Macro will be deleted.

6. Edit a Note Macro:

a. Select the Note Macro you wish to edit by clicking on the Macro Name in the box in the lower-left portion of the screen.

b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.

c. If you wish, to change the **Macro Type** click on the circle

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next to the text (**Issue**, **Recommendation**, or **Other**) or click on the text itself.

d. Save your changes by clicking on the **Save** button.

7. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

8. **Search:** Next, click on that long text box and begin typing your search. Intelicode begins selecting records as you type.

9. **Send to Another Office:**

a. Select the **Note Macro** that you want to be sent (copied) to another office(s).

b. Click the **Send to Another Office** button. The **Pick Office (s)** pop-up window will appear.

c. Select the office(s) that you would like to send this record(s) to.

d. Click **OK** to send the Macro. The Note Macro remains in this office and is now copied to the **Note Macro** table in the other office(s) selected.

e. If there is a **Macro Name** from the selected office(s) that is the same as a **Macro Name** from the data you are sending, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode to overwrite any and all note macros (from this point forward in this process) in the selected office(s) that have a **Macro Name** that matches a **Macro Name** in the data you are sending.

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ii. The **None** option will tell Intelicode to not overwrite any note macros for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular note macro and only this note macro.

iv. The **No** option will tell Intelicode to not overwrite this one particular note macro and only this note macro.

v. The **Cancel** option will stop the entire Send process.

10. Copy From Another Office:

a. Click the **Copy From Another Office** button.

b. Select the office(s) from which you wish to copy all of its Note Macros.

c. Click **OK**. The Note Macros from the office(s) you selected are now a part of your current office's **Note Macro** table.

d. If there is a **Macro Name** from the selected office(s) that is the same as a **Macro Name** from the data you are sending, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode to overwrite any and all note macros (from this point forward in this process) in the selected office(s) that have a **Macro Name** that matches a **Macro Name** in the data you are sending.

ii. The **None** option will tell Intelicode to not overwrite any note macros for this particular copy from this point forward in this process.

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iii. The **Yes** option will tell Intelicode to overwrite this one particular note macro and only this note macro.

iv. The **No** option will tell Intelicode to not overwrite this one particular note macro and only this note macro.

v. The **Cancel** option will stop the entire Send process.

11. Import From File:

a. You can import Note Macros from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

b. Click on the **Import From File** button. The **Open** window will pop up.

c. Browse to the location of the file you wish to import.

d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

e. Next, select the file by clicking on it.

f. Click the **Open** button to import the file.

g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions.

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Click **OK** when you are confident that the fields are matched up properly.

i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

j. Your imported data will appear in the table.

k. If you have questions about importing Note Macros, see Importing Note Macros help page.

12. Export to File:

a. If you'd like to export your **Note Macro** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

b. Browse to the location in which you would like to save your exported CSV file.

c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

d. Click **Save** to save the CSV file.

13. When you are finished with the **Note Macros** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.

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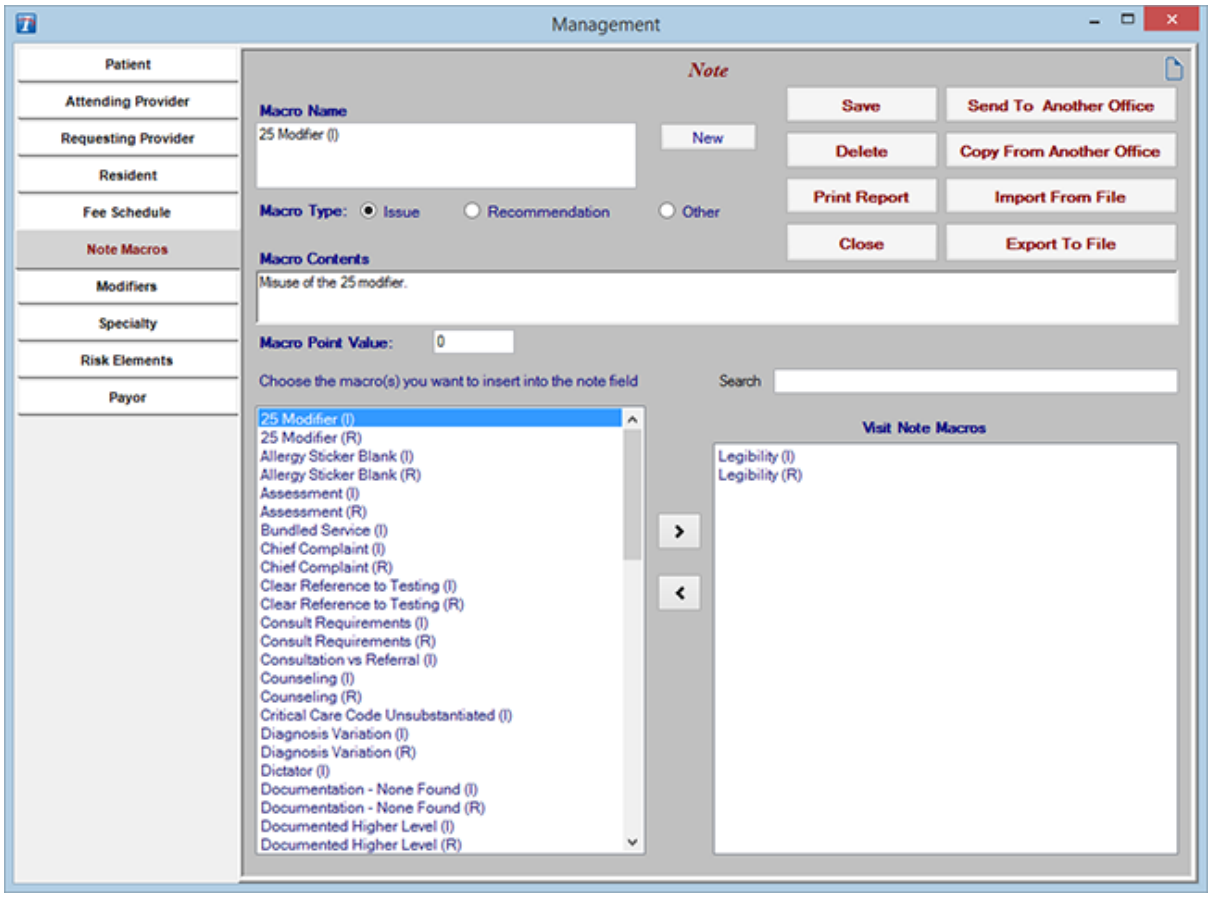

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6.7 Modifiers

I. Add a Modifier:

a. Click on the text box just below the **Modifier** heading.

b. Type in the Modifier.

c. Click on the text box just below the **Modifier Description** heading.

d. Type in a description for the Modifier.

e. If you wish to have **Help Text** associated with this modifier, click on the text box just below the **Help Text** heading.

f. Type in the help text.

g. Save the new Modifier by clicking on the **Save** button.

2. **Select Records:**

a. To select one Modifier record, click anywhere on the row in the table.

b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.

c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. **Delete Modifiers:**

a. Select the Modifier record(s) you wish to delete.

b. Click the **Delete** button.

4. **Edit a Modifier:**

a. Select the Modifier record you wish to edit by clicking anywhere on the Modifier's row in the table.

b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.

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c. Save your changes by clicking on the **Save** button.

5. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

6. **Send to Another Office:**

   a. Select the Modifier record(s) that you want to be sent (copied) to the **Modifier** table in another office(s).

   b. Click the **Send to Another Office** button. The **Pick Office (s)** pop-up window will appear.

   c. Select the office(s) that you would like to send this record(s) to.

   d. Click **OK** to send the record(s). The Modifiers remain in this office and are now copied to the **Modifier** table in the other office(s) selected.

   e. If there is a **Modifier** from the selected office(s) that is the same as a **Modifier** from the data you are sending, you will be asked if you want to overwrite:

      i. The **All** option will tell Intelicode to overwrite any and all Modifier records (from this point forward in this process) in the selected office(s) that have a **Modifier** that matches a **Modifier** in the data you are sending.

      ii. The **None** option will tell Intelicode to not overwrite any Modifier records for this particular copy from this point forward in this process.

      iii. The **Yes** option will tell Intelicode to overwrite this one particular Modifier record and only this record.

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iv. The **No** option will tell Intelicode to not overwrite this one particular Modifier record and only this record.

v. The **Cancel** option will stop the entire Send process.

7. **Copy From Another Office:**

a. Click the **Copy From Another Office** button.

b. Select the office(s) from which you wish to copy all of its Modifier records.

c. Click **OK**.

d. The Modifier records from the office(s) you selected are now a part of your current office's **Modifier** table.

e. If there is a **Modifier** from the selected office(s) that is the same as a **Modifier** from your current **Modifier** table, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode to overwrite any and all Modifier records (from this point forward in this process) that have a **Modifier** that matches a **Modifier** in the data you are copying.

ii. The **None** option will tell Intelicode to not overwrite any Modifier records for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular Modifier record and only this record.

iv. The **No** option will tell Intelicode to not overwrite this one particular Modifier record and only this record.

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v. The **Cancel** option will stop the entire Copy process.

8. **Import From File:**

a. You can import Modifiers from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

b. Click on the **Import From File** button. The **Open** window will pop up.

c. Browse to the location of the file you wish to import.

d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

e. Next, select the file by clicking on it.

f. Click the **Open** button to import the file.

g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it

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appears in your data. The order begins with "0".

j. Your imported data will appear in the table.

k. If you have questions about importing Modifiers, see Importing Modifiers help page.

9. Export to File:

a. If you'd like to export your **Modifier** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

b. Browse to the location in which you would like to save your exported CSV file.

c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

d. Click **Save** to save the CSV file.

10. When you are finished with the **Modifiers** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.

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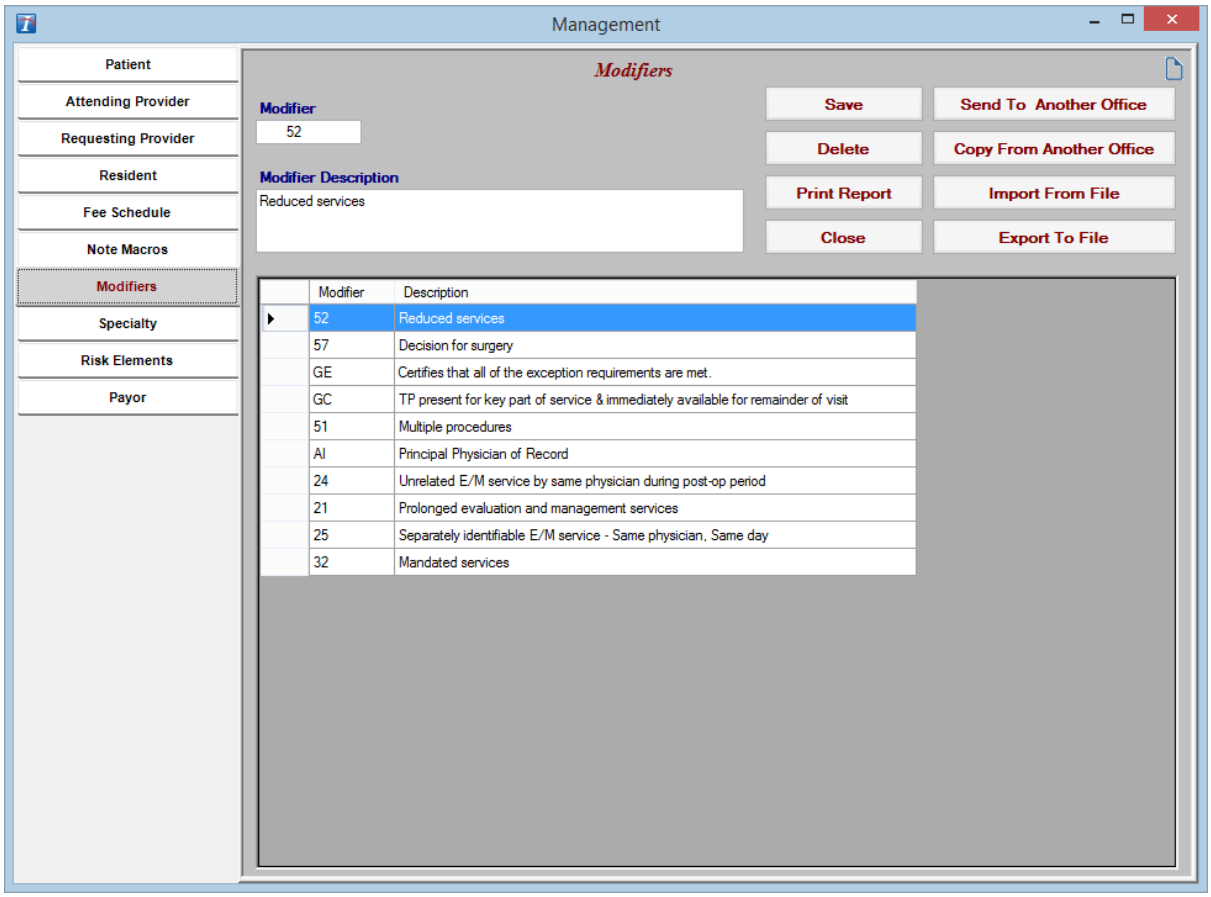

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6.8 Specialties

I. Add a Specialty:

a. Click on the text box just below the **Specialty Code** heading.

b. Type in the Specialty Code.

c. Press the **Tab** key or click on the text box just below the **Specialty Code** heading.

d. Type in the Specialty Name.

e. Save the new Specialty by clicking on the **Save** button.

2. **Select Records:**

   a. To select one Specialty record, click anywhere on the row in the table.

   b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.

   c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. **Delete Specialties:**

   a. Select the Specialties record(s) you wish to delete.

   b. Click the **Delete** button.

4. **Edit a Specialty:**

   a. Select the Specialty record you wish to edit by clicking anywhere on the Specialty's row in the table.

   b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.

   c. Save your changes by clicking on the **Save** button.

5. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

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6. **Search:** Next, click on that long text box and begin typing your search. Intelicode begins selecting records as you type.

7. **Send to Another Office:**

   a. Select the Specialty record(s) that you want to be sent (copied) to the **Specialty** table in another office(s).

   b. Click the **Send to Another Office** button. The **Pick Office (s)** pop-up window will appear.

   c. Select the office(s) that you would like to send this record(s) to.

   d. Click **OK** to send the record(s). The Specialties remain in this office and are now copied to the **Specialty** table in the other office(s) selected.

   e. If there is a **Specialty Code** from the selected office(s) that is the same as a **Specialty Code** from the data you are sending, you will be asked if you want to overwrite:

      i. The **All** option will tell Intelicode to overwrite any and all Specialty records (from this point forward in this process) in the selected office(s) that have a **Specialty Code** that matches a **Specialty Code** in the data you are sending.

      ii. The **None** option will tell Intelicode to not overwrite any Specialty records for this particular copy from this point forward in this process.

      iii. The **Yes** option will tell Intelicode to overwrite this one particular Specialty record and only this record.

      iv. The **No** option will tell Intelicode to not overwrite this one

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particular Specialty record and only this record.

v. The **Cancel** option will stop the entire Send process.

8. **Copy From Another Office:**

a. Click the **Copy From Another Office** button.

b. Select the office(s) from which you wish to copy all of its Specialty records.

c. Click **OK**. The Specialty records from the office(s) you selected are now a part of your current office's **Specialty** table.

d. If there is a **Specialty Code** from the selected office(s) that is the same as a **Specialty Code** from your current **Specialty** table, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode to overwrite any and all Specialty records (from this point forward in this process) that have a **Specialty Code** that matches a **Specialty Code** in the data you are copying.

ii. The **None** option will tell Intelicode to not overwrite any Specialty records for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular Specialty record and only this record.

iv. The **No** option will tell Intelicode to not overwrite this one particular Specialty record and only this record.

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v. The **Cancel** option will stop the entire Copy process.

9. Import From File:

a. You can import Specialties from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

b. Click on the **Import From File** button. The **Open** window will pop up.

c. Browse to the location of the file you wish to import.

d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

e. Next, select the file by clicking on it.

f. Click the **Open** button to import the file.

g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it

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appears in your data. The order begins with "0".

j. Your imported data will appear in the table.

k. If you have questions about importing Specialties, see Importing Specialties help page.

10. Export to File:

a. If you'd like to export your **Specialty** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

b. Browse to the location in which you would like to save your exported CSV file.

c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

d. Click **Save** to save the CSV file.

11. When you are finished with the **Specialties** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.

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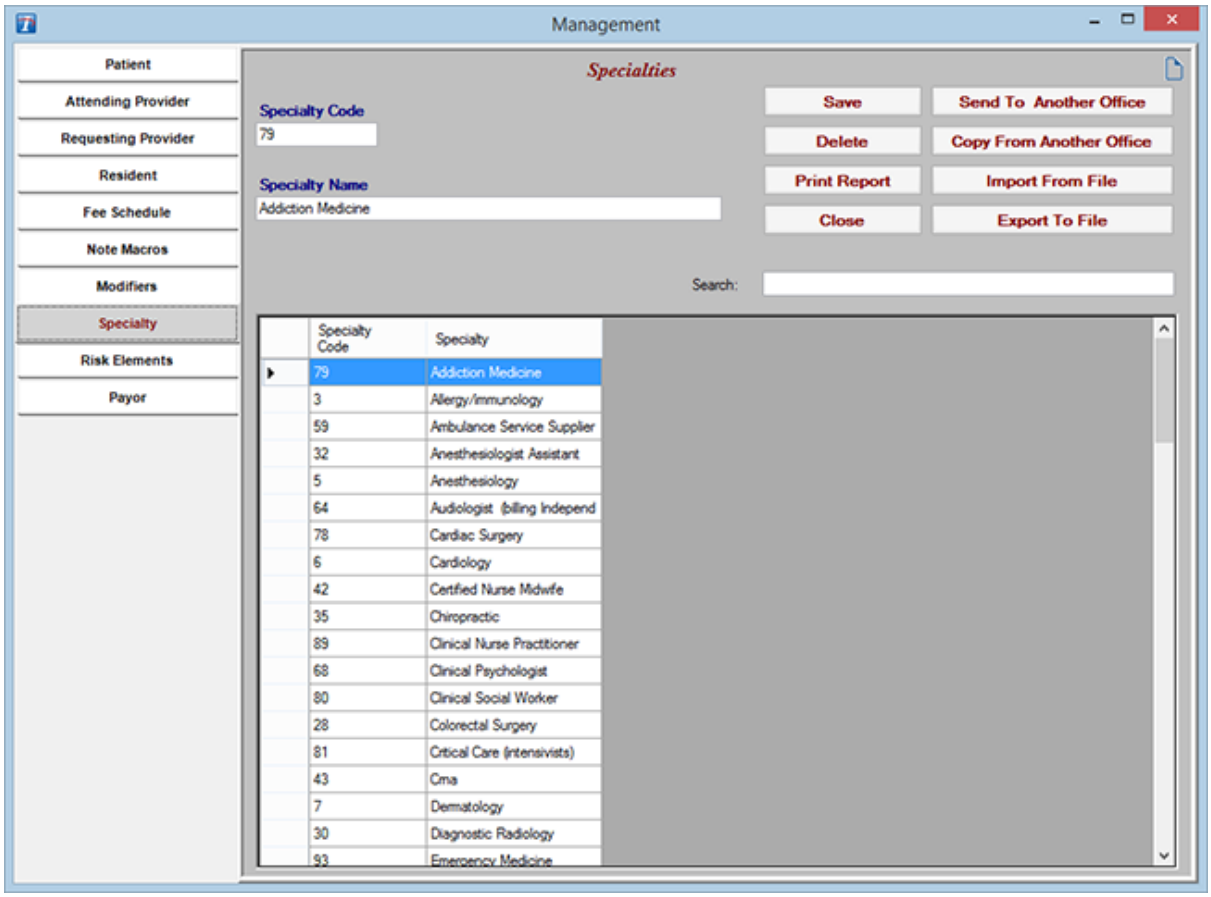

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6.9 Risk Elements

I. Add a New Risk Element:

a. Click on the **New Risk** button.

b. Click on the text box just below the **Risk Element** heading.

c. Type in the Risk Element.

d. To choose the **Level of Risk** click on the drop down box just below the **Level of Risk** heading.

e. Click on the Level of Risk in the list.

f. To choose the **Type of Risk** click on the drop down box just below the **Type of Risk** heading.

g. Click on the Type of Risk in the list.

h. Save the new Risk Element by clicking on the **Save** button.

2. **Select Records:**

a. To select one Risk Element record, click anywhere on the row in the table.

b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.

c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. **Delete Risk Elements:**

a. Select the Risk Element record(s) you wish to delete.

b. Click the **Delete** button.

4. **Edit a Risk Element:**

a. Select the Risk Element record you wish to edit by clicking anywhere on the Risk Element's row in the table.

b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as

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appropriate.

c. To change the **Level Of Risk** or **Type Of Risk**, click on the corresponding drop down box and select a different option.

d. Save your changes by clicking on the **Save** button.

5. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

6. **Send to Another Office:**

a. Select the Risk Element record(s) that you want to be sent (copied) to the **Risk Element** table in another office(s).

b. Click the **Send to Another Office** button. The **Pick Office (s)** pop-up window will appear.

c. Select the office(s) that you would like to send this record(s) to.

d. Click **OK** to send the record(s). The Risk Elements remain in this office and are now copied to the **Risk Element** table in the other office(s) selected.

e. If there is a **Risk Element** from the selected office(s) that is the same as a **Risk Element** from the data you are sending, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode to overwrite any and all Risk Element records (from this point forward in this process) in the selected office(s) that have a **Risk Element** that matches a **Risk Element** in the data you are sending.

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ii. The **None** option will tell Intelicode to not overwrite any Risk Element records for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular Risk Element record and only this record.

iv. The **No** option will tell Intelicode to not overwrite this one particular Risk Element record and only this record.

v. The **Cancel** option will stop the entire Send process.

7. **Copy From Another Office:**

a. Click the **Copy From Another Office** button.

b. Select the office(s) from which you wish to copy all of its Risk Element records.

c. Click **OK**.

d. The Risk Element records from the office(s) you selected are now a part of your current office's **Risk Element** table.

e. If there is a **Risk Element** from the selected office(s) that is the same as a **Risk Element** from your current **Risk Element** table, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode to overwrite any and all Risk Element records (from this point forward in this process) that have a **Risk Element** that matches a **Risk Element** in the data you are copying.

ii. The **None** option will tell Intelicode to not overwrite any Risk Element records for this particular copy from this

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point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular Risk Element record and only this record.

iv. The **No** option will tell Intelicode to not overwrite this one particular Risk Element record and only this record.

v. The **Cancel** option will stop the entire Copy process.

8. **Import From File:**

a. You can import Risk Elements from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

b. Click on the **Import From File** button. The **Open** window will pop up.

c. Browse to the location of the file you wish to import.

d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

e. Next, select the file by clicking on it.

f. Click the **Open** button to import the file.

g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table

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fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

i. If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

j. Your imported data will appear in the table.

k. If you have questions about importing Risk Elements, see Importing Risk Elements help page.

9. Export to File:

a. If you'd like to export your **Risk Element** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

b. Browse to the location in which you would like to save your exported CSV file.

c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

d. Click **Save** to save the CSV file.

10. When you are finished with the **Risk Elements** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.

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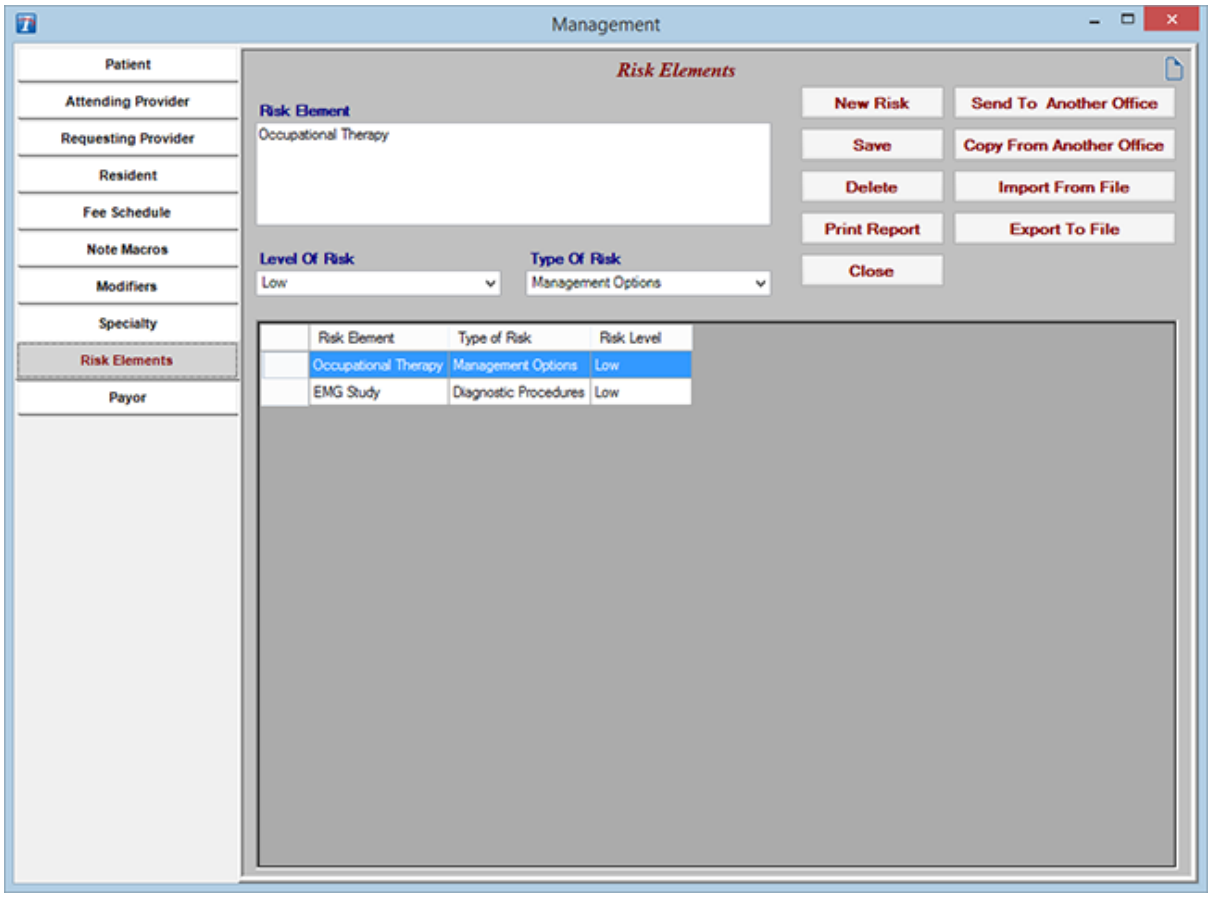

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6.10 Payor

I. Add a Payor:

a. Click on the text box just below the **Payor ID** heading.

b. Type in the Payor ID.

c. Press the **Tab** key or click on the text box just below the **Payor** heading.

d. Type in the Payor.

e. To choose the **Default Fee Schedule** click on the drop down box just below the **Default Fee Schedule** heading.

f. Click on the Fee Schedule in the list.

g. Save the new Payor by clicking on the **Save** button.

2. **Select Records:**

a. To select one Payor record, click anywhere on the row in the table.

b. To select multiple records that are contiguous within the current table display, click on the first record, then hold down the **Shift** key, and select the last record in the range.

c. To select multiple records that are not contiguous within the current table display, click on the first record, then hold down the **Ctrl** key while selecting the other records that you want selected.

3. **Delete Payors:**

a. Select the Payor record(s) you wish to delete.

b. Click the **Delete** button.

4. **Edit a Payor:**

a. Select the Payor record you wish to edit by clicking anywhere on the Payor's row in the table.

b. To change the data, click on the text box corresponding to the field that needs to be changed, then change the text as appropriate.

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c. To change the **Default Fee Schedule**, click on the corresponding drop down box and select a different option.

d. Save your changes by clicking on the **Save** button.

5. **Print a Report:** See the Management Reports help page for instructions on how to print a report.

6. **Send to Another Office:**

a. Select the Payor record(s) that you want to be sent (copied) to the **Payor** table in another office(s).

b. Click the **Send to Another Office** button. The **Pick Office (s)** pop-up window will appear.

c. Select the office(s) that you would like to send this record(s) to.

d. Click **OK** to send the record(s). The Payors remain in this office and are now copied to the **Payor** table in the other office(s) selected.

e. If there is a **Payor ID** from the selected office(s) that is the same as a **Payor ID** from the data you are sending, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode to overwrite any and all Payor records (from this point forward in this process) in the selected office(s) that have a **Payor ID** that matches a **Payor ID** in the data you are sending.

ii. The **None** option will tell Intelicode to not overwrite any Payor records for this particular copy from this point forward in this process.

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iii. The **Yes** option will tell Intelicode to overwrite this one particular Payor record and only this record.

iv. The **No** option will tell Intelicode to not overwrite this one particular Payor record and only this record.

v. The **Cancel** option will stop the entire Send process.

7. **Copy From Another Office:**

a. Click the **Copy From Another Office** button.

b. Select the office(s) from which you wish to copy all of its Payor records.

c. Click **OK**. The Payor records from the office(s) you selected are now a part of your current office's **Payor** table.

d. If there is a **Payor ID** from the selected office(s) that is the same as a **Payor ID** from your current **Payor** table, you will be asked if you want to overwrite:

i. The **All** option will tell Intelicode to overwrite any and all Risk Element records (from this point forward in this process) that have a **Payor ID** that matches a **Payor ID** in the data you are copying.

ii. The **None** option will tell Intelicode to not overwrite any Payor records for this particular copy from this point forward in this process.

iii. The **Yes** option will tell Intelicode to overwrite this one particular Payor record and only this record.

iv. The **No** option will tell Intelicode to not overwrite this one

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particular Payor record and only this record.

v. The **Cancel** option will stop the entire Copy process.

8. **Import From File:**

a. You can import Payors from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or from a **Comma Separated File**.

b. Click on the **Import From File** button. The **Open** window will pop up.

c. Browse to the location of the file you wish to import.

d. Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.

e. Next, select the file by clicking on it.

f. Click the **Open** button to import the file.

g. You will be asked the question, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**

h. If you clicked **Yes**, you will next have the opportunity to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.

i. If you clicked **No**, you will need to match the column name to

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the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".

j. Your imported data will appear in the table.

k. If you have questions about importing Payors, see Importing Payors help page.

9. Export to File:

a. If you'd like to export your **Payor** table to a **Comma Separated Values (.csv)** file, click the **Export To File** button.

b. Browse to the location in which you would like to save your exported CSV file.

c. Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

d. Click **Save** to save the CSV file.

10. When you are finished with the **Payor** screen, click on a different maintenance table from the menu on the left side of the screen or click **Close** to close the **Management** screen.

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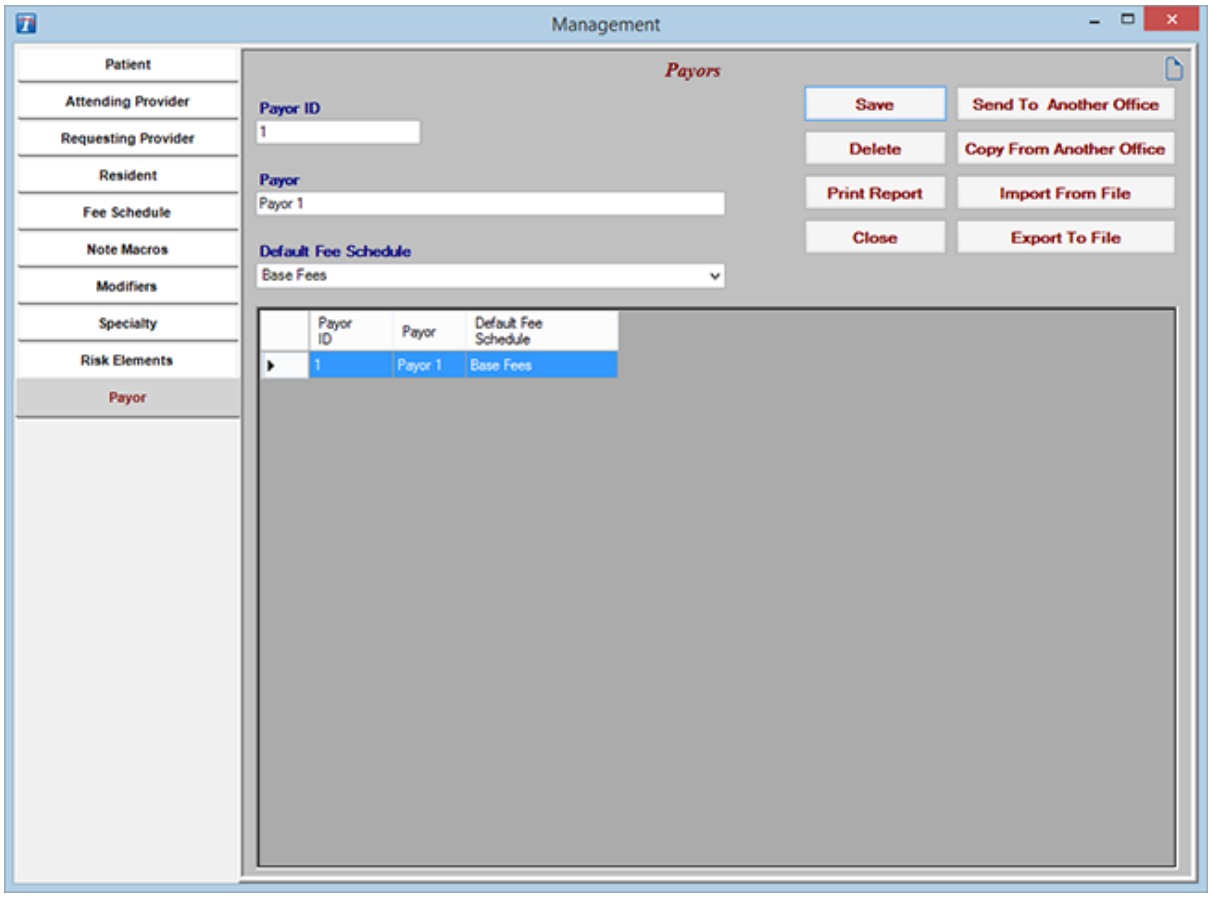

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7 Importing Requirements

With Intelicode, you can import data with just a few clicks. The listed sections will walk you through each screen that allows you to import data with detailed instructions on how to do so. Learn what formats you can import from to what headers are required to successfully import your data.

7.1 Importing Audit Prep

- **Required Columns - these columns must have data**
  - Patient ID
  - Patient Status
  - Gender
  - Visit Date
- **Optional Columns - these columns may or may not be included**
  - Date of Birth
  - Provider EM Code
  - PatientFirstName
  - PatientLastName
- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import**
  - FeeScheduleName (optional)
  - Attending ProviderID (optional)

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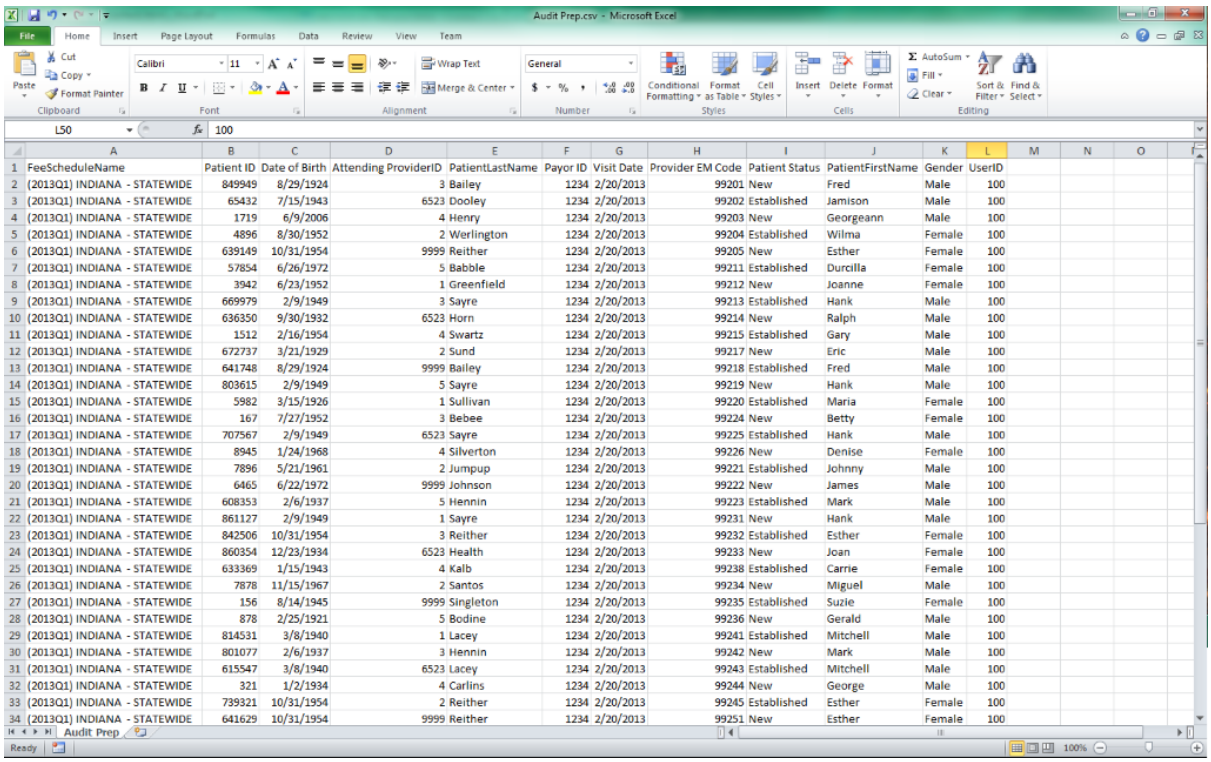
- Payor ID (optional)
- UserID (optional)



	A	B	C	D	E	F	G	H	I	J	K	L
1	FeeScheduleName	Patient ID	Date of Birth	Attending ProviderID	PatientLastName	Payor ID	Visit Date	Provider EM Code	Patient Status	PatientFirstName	Gender	UserID
2	(2013Q1) INDIANA - STATEWIDE	849949	8/29/1924	3	Bailey	1234	2/20/2013	99201	New	Fred	Male	100
3	(2013Q1) INDIANA - STATEWIDE	65432	7/15/1943	6523	Dooley	1234	2/20/2013	99202	Established	Jamison	Male	100
4	(2013Q1) INDIANA - STATEWIDE	1719	6/9/2006	4	Henry	1234	2/20/2013	99203	New	Georgeann	Male	100
5	(2013Q1) INDIANA - STATEWIDE	4896	8/30/1952	2	Werlington	1234	2/20/2013	99204	Established	Wilma	Female	100
6	(2013Q1) INDIANA - STATEWIDE	639149	10/31/1954	9999	Reither	1234	2/20/2013	99205	New	Esther	Female	100
7	(2013Q1) INDIANA - STATEWIDE	57854	6/26/1972	5	Babble	1234	2/20/2013	99211	Established	Durcilla	Female	100
8	(2013Q1) INDIANA - STATEWIDE	3942	6/23/1952	1	Greenfield	1234	2/20/2013	99212	New	Joanne	Female	100
9	(2013Q1) INDIANA - STATEWIDE	669979	2/9/1949	3	Sayre	1234	2/20/2013	99213	Established	Hank	Male	100
10	(2013Q1) INDIANA - STATEWIDE	636350	9/30/1932	6523	Horn	1234	2/20/2013	99214	New	Ralph	Male	100
11	(2013Q1) INDIANA - STATEWIDE	1512	2/16/1954	4	Swartz	1234	2/20/2013	99215	Established	Gary	Male	100
12	(2013Q1) INDIANA - STATEWIDE	672737	3/21/1929	2	Sund	1234	2/20/2013	99217	New	Eric	Male	100
13	(2013Q1) INDIANA - STATEWIDE	641748	8/29/1924	9999	Bailey	1234	2/20/2013	99218	Established	Fred	Male	100
14	(2013Q1) INDIANA - STATEWIDE	803615	2/9/1949	5	Sayre	1234	2/20/2013	99219	New	Hank	Male	100
15	(2013Q1) INDIANA - STATEWIDE	5982	3/15/1926	1	Sullivan	1234	2/20/2013	99220	Established	Maria	Female	100
16	(2013Q1) INDIANA - STATEWIDE	167	7/27/1952	3	Bebee	1234	2/20/2013	99224	New	Betty	Female	100
17	(2013Q1) INDIANA - STATEWIDE	707567	2/9/1949	6523	Sayre	1234	2/20/2013	99225	Established	Hank	Male	100
18	(2013Q1) INDIANA - STATEWIDE	8945	1/24/1968	4	Silverton	1234	2/20/2013	99226	New	Denise	Female	100
19	(2013Q1) INDIANA - STATEWIDE	7896	5/21/1961	2	Jumpup	1234	2/20/2013	99221	Established	Johnny	Male	100
20	(2013Q1) INDIANA - STATEWIDE	6465	6/22/1972	9999	Johnson	1234	2/20/2013	99222	New	James	Male	100
21	(2013Q1) INDIANA - STATEWIDE	608353	2/6/1937	5	Hennin	1234	2/20/2013	99223	Established	Mark	Male	100
22	(2013Q1) INDIANA - STATEWIDE	861127	2/9/1949	1	Sayre	1234	2/20/2013	99231	New	Hank	Male	100
23	(2013Q1) INDIANA - STATEWIDE	842506	10/31/1954	3	Reither	1234	2/20/2013	99232	Established	Esther	Female	100
24	(2013Q1) INDIANA - STATEWIDE	860354	12/23/1934	6523	Health	1234	2/20/2013	99233	New	Joan	Female	100
25	(2013Q1) INDIANA - STATEWIDE	633369	1/15/1943	4	Kalb	1234	2/20/2013	99238	Established	Carrie	Female	100
26	(2013Q1) INDIANA - STATEWIDE	7878	11/15/1967	2	Santos	1234	2/20/2013	99234	New	Miguel	Male	100
27	(2013Q1) INDIANA - STATEWIDE	156	8/14/1945	9999	Singleton	1234	2/20/2013	99235	Established	Suzie	Female	100
28	(2013Q1) INDIANA - STATEWIDE	878	2/25/1921	5	Bodine	1234	2/20/2013	99236	New	Gerald	Male	100
29	(2013Q1) INDIANA - STATEWIDE	814531	3/8/1940	1	Lacey	1234	2/20/2013	99241	Established	Mitchell	Male	100
30	(2013Q1) INDIANA - STATEWIDE	801077	2/6/1937	3	Hennin	1234	2/20/2013	99242	New	Mark	Male	100
31	(2013Q1) INDIANA - STATEWIDE	615547	3/8/1940	6523	Lacey	1234	2/20/2013	99243	Established	Mitchell	Male	100
32	(2013Q1) INDIANA - STATEWIDE	321	1/2/1934	4	Carlins	1234	2/20/2013	99244	New	George	Male	100
33	(2013Q1) INDIANA - STATEWIDE	739321	10/31/1954	2	Reither	1234	2/20/2013	99245	Established	Esther	Female	100
34	(2013Q1) INDIANA - STATEWIDE	641629	10/31/1954	9999	Reither	1234	2/20/2013	99251	New	Esther	Female	100

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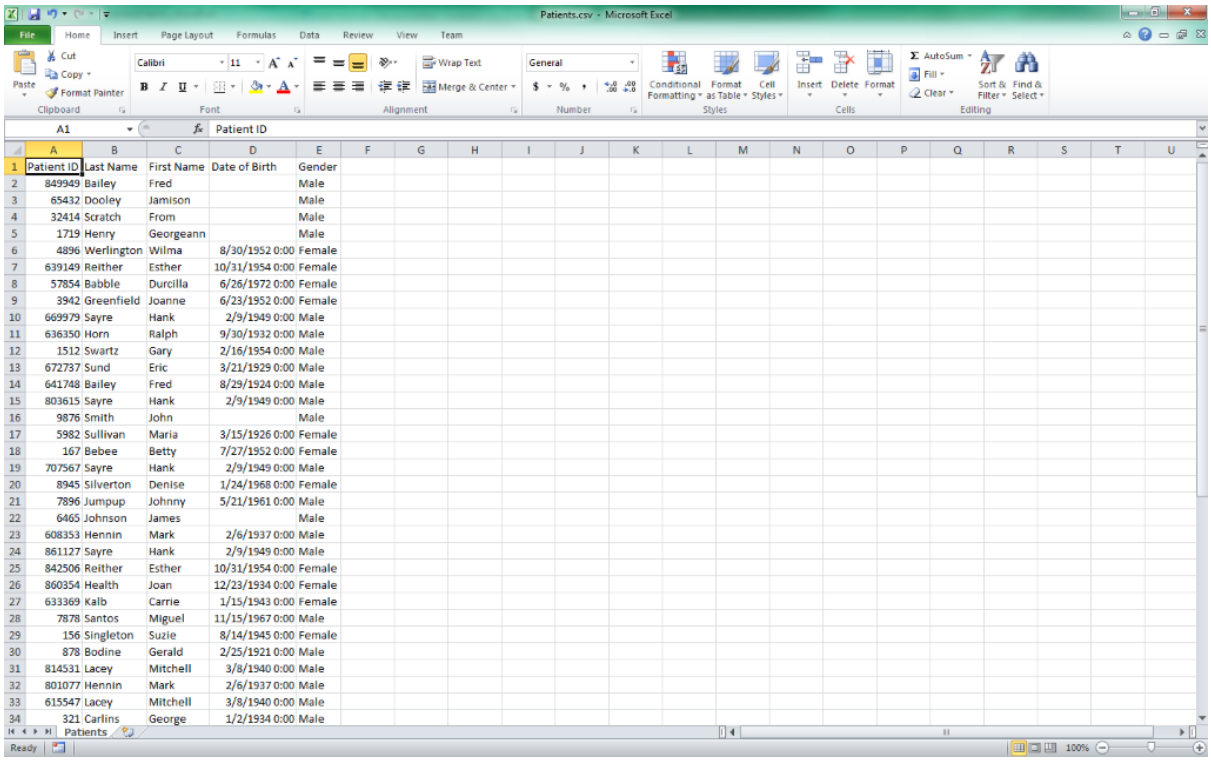
7.2 Importing Patients

- **Required Columns - these columns must have data**
  - Patient ID
  - Gender
- **Optional Columns - these columns may or may not be included**

- First Name
- Last Name
- Date of Birth

- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import**
  - None



Patient ID	Last Name	First Name	Date of Birth	Gender
849949	Bailey	Fred		Male
65432	Dooley	Jamison		Male
32414	Scratch	From		Male
1719	Henry	Georgeann		Male
4896	Werlington	Wilma	8/30/1952 0:00	Female
639149	Reither	Esther	10/31/1954 0:00	Female
57854	Babble	Durcilla	6/26/1972 0:00	Female
3942	Greenfield	Joanne	6/23/1952 0:00	Female
669979	Sayre	Hank	2/9/1949 0:00	Male
636350	Horn	Ralph	9/30/1932 0:00	Male
1512	Swartz	Gary	2/16/1954 0:00	Male
672737	Sund	Eric	3/21/1929 0:00	Male
641748	Bailey	Fred	8/29/1924 0:00	Male
803615	Sayre	Hank	2/9/1949 0:00	Male
9876	Smith	John		Male
5982	Sullivan	Maria	3/15/1926 0:00	Female
167	Bebee	Betty	7/27/1952 0:00	Female
707567	Sayre	Hank	2/9/1949 0:00	Male
8945	Silverton	Denise	1/24/1968 0:00	Female
7896	Jumpup	Johnny	5/21/1961 0:00	Male
6465	Johnson	James		Male
608353	Hennin	Mark	2/6/1937 0:00	Male
861127	Sayre	Hank	2/9/1949 0:00	Male
842506	Reither	Esther	10/31/1954 0:00	Female
860354	Health	Joan	12/23/1934 0:00	Female
633369	Kalb	Carrie	1/15/1943 0:00	Female
7878	Santos	Miguel	11/15/1967 0:00	Male
156	Singleton	Suzie	8/14/1945 0:00	Female
878	Bodine	Gerald	2/25/1921 0:00	Male
814531	Lacey	Mitchell	3/8/1940 0:00	Male
801077	Hennin	Mark	2/6/1937 0:00	Male
615547	Lacey	Mitchell	3/8/1940 0:00	Male
321	Carlins	George	1/2/1934 0:00	Male

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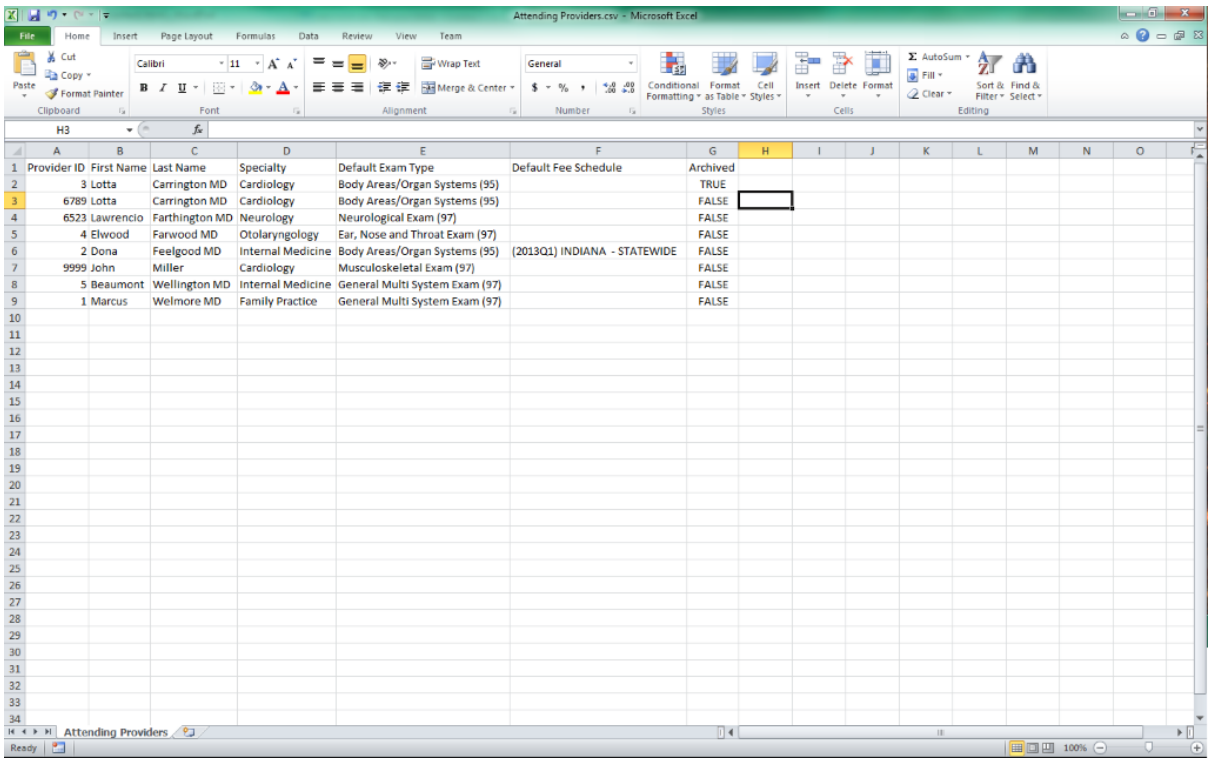
7.3 Importing Attending Providers

- **Required Columns - these columns must have data**

- Provider ID
- Archived

- **Optional Columns - these columns may or may not be included**
  - First Name
  - Last Name

- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import**
  - Specialty (required) - data can be blank
  - Default Exam Type (required) - data can be blank
  - Default Fee Schedule (required) - data can be blank



Attending Providers.csv - Microsoft Excel

Provider ID	First Name	Last Name	Specialty	Default Exam Type	Default Fee Schedule	Archived
3	Lotta	Carrington MD	Cardiology	Body Areas/Organ Systems (95)		TRUE
6789	Lotta	Carrington MD	Cardiology	Body Areas/Organ Systems (95)		FALSE
6523	Lawrencio	Farthington MD	Neurology	Neurological Exam (97)		FALSE
4	Elwood	Farwood MD	Otolaryngology	Ear, Nose and Throat Exam (97)		FALSE
2	Dona	Feelgood MD	Internal Medicine	Body Areas/Organ Systems (95)	(2013Q1) INDIANA - STATEWIDE	FALSE
9999	John	Miller	Cardiology	Musculoskeletal Exam (97)		FALSE
5	Beaumont	Wellington MD	Internal Medicine	General Multi System Exam (97)		FALSE
1	Marcus	Welmore MD	Family Practice	General Multi System Exam (97)		FALSE

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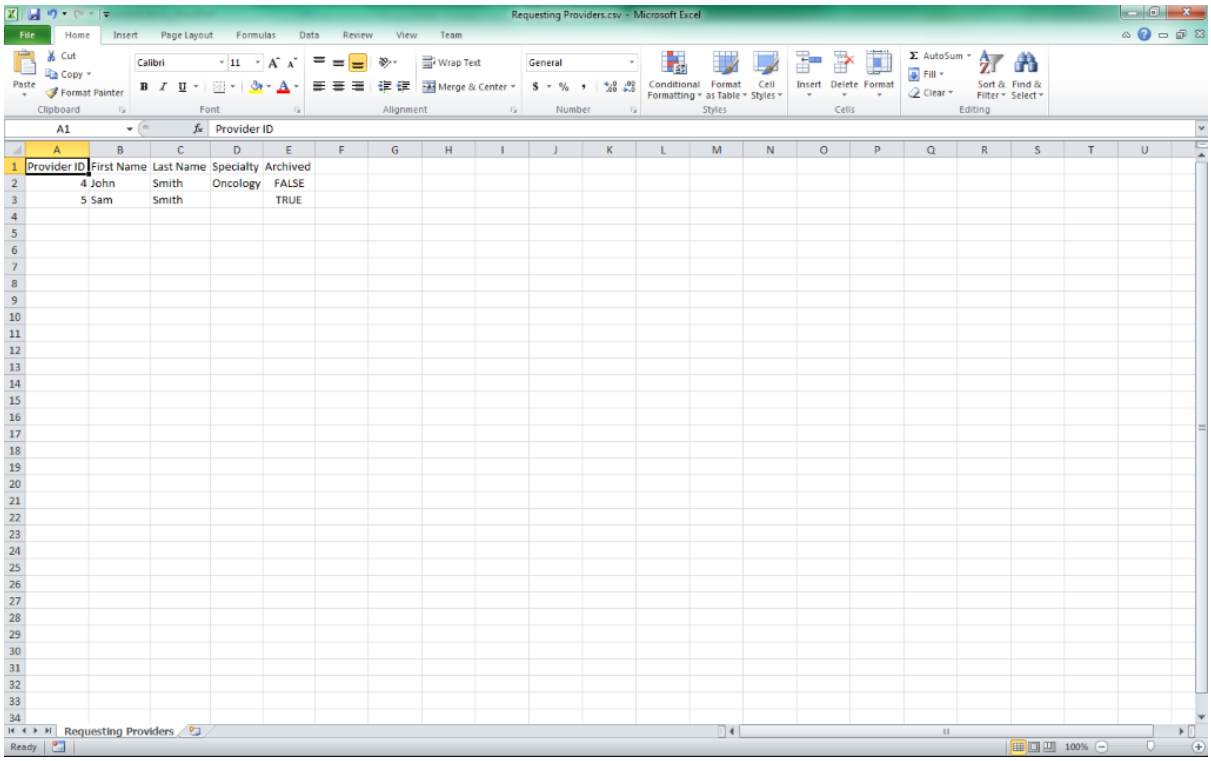
7.4 Importing Requesting Providers

- **Required Columns - these columns must have data**
  - Provider ID
  - Archived
- **Optional Columns - these columns may or may not be included**
  - First Name
  - Last Name
- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import**
  - Specialty (required)



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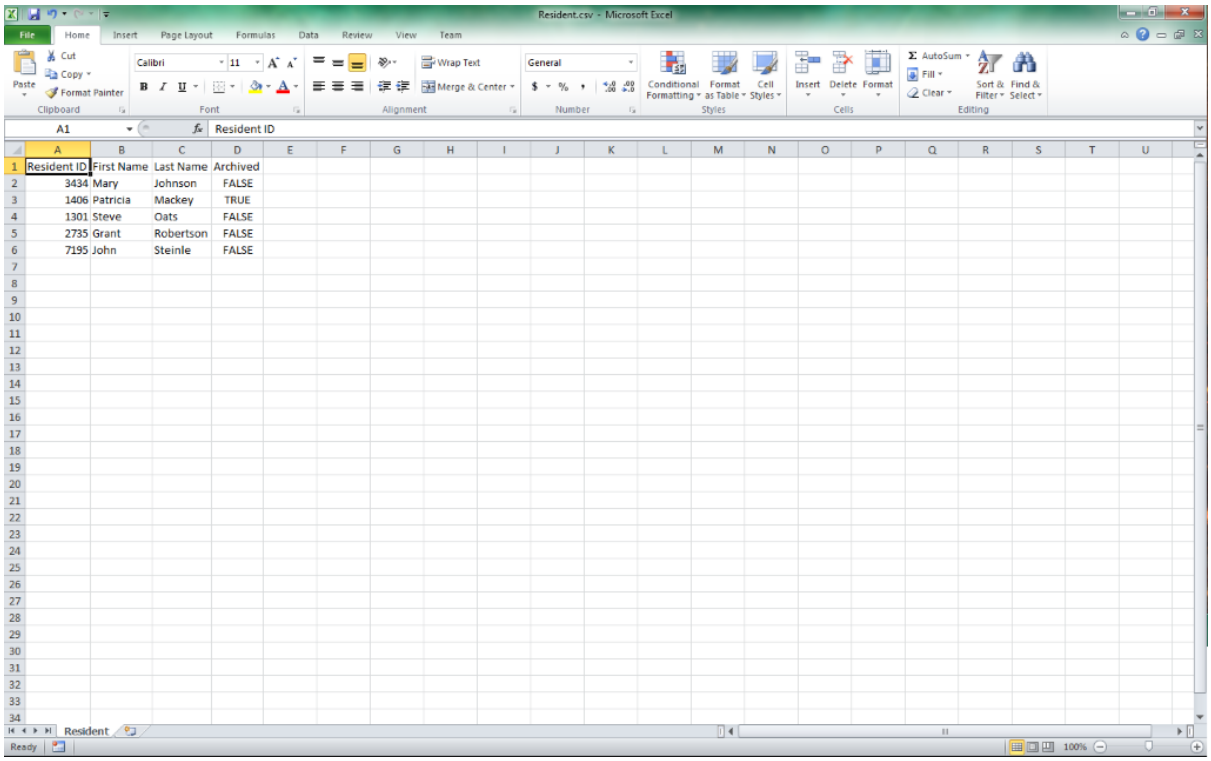
7.5 Importing Residents

- **Required Columns - these columns must have data**
  - ResidentID
  - Archived
- **Optional Columns - these columns may or may not be included**
  - First Name
  - Last Name

- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import**
  - None



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7.6 Importing Fee Schedules

- **Required Columns - these columns must have data**
  - FeeScheduleName
  - Code
  - Facility Fee - at least value of 0

- Non Facility Fee - at least value of 0
- WorkRVU - at least value of 0
- FacilityPERVU - at least value of 0
- NonFacilityPERVU - at least value of 0
- MalpracticeRVU - at least value of 0
- FacilityTotalRVU - at least value of 0
- NonFacilityTotalRVU - at least value of 0
- Modifier - data can be blank

- **Optional Columns - these columns may or may not be included**
  - None
- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import**
  - None

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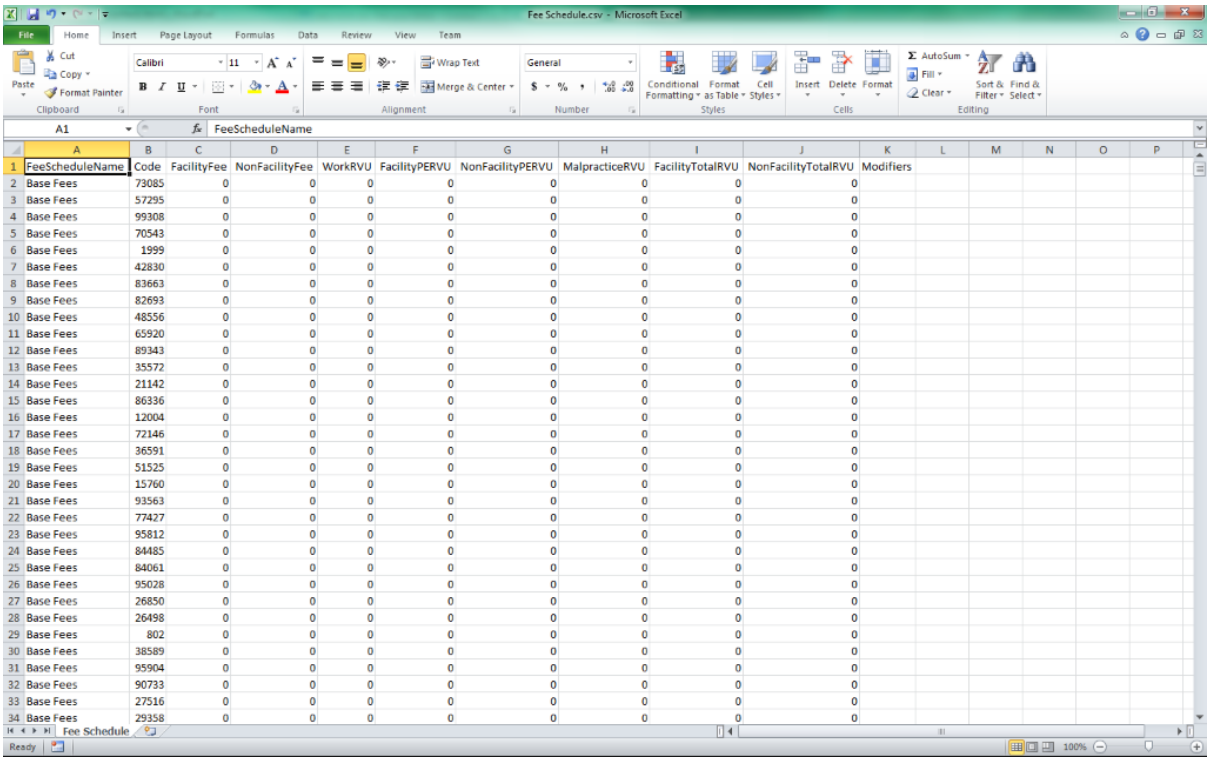

FeeScheduleName	Code	FacilityFee	NonFacilityFee	WorkRVU	FacilityPERVU	NonFacilityPERVU	MalpracticeRVU	FacilityTotalRVU	NonFacilityTotalRVU	Modifiers
Base Fees	73085	0	0	0	0	0	0	0	0	
Base Fees	57295	0	0	0	0	0	0	0	0	
Base Fees	99308	0	0	0	0	0	0	0	0	
Base Fees	70543	0	0	0	0	0	0	0	0	
Base Fees	1999	0	0	0	0	0	0	0	0	
Base Fees	42830	0	0	0	0	0	0	0	0	
Base Fees	83663	0	0	0	0	0	0	0	0	
Base Fees	82693	0	0	0	0	0	0	0	0	
Base Fees	48556	0	0	0	0	0	0	0	0	
Base Fees	65920	0	0	0	0	0	0	0	0	
Base Fees	89343	0	0	0	0	0	0	0	0	
Base Fees	35572	0	0	0	0	0	0	0	0	
Base Fees	21142	0	0	0	0	0	0	0	0	
Base Fees	86336	0	0	0	0	0	0	0	0	
Base Fees	12004	0	0	0	0	0	0	0	0	
Base Fees	72146	0	0	0	0	0	0	0	0	
Base Fees	36591	0	0	0	0	0	0	0	0	
Base Fees	51525	0	0	0	0	0	0	0	0	
Base Fees	15760	0	0	0	0	0	0	0	0	
Base Fees	93563	0	0	0	0	0	0	0	0	
Base Fees	77427	0	0	0	0	0	0	0	0	
Base Fees	95812	0	0	0	0	0	0	0	0	
Base Fees	84485	0	0	0	0	0	0	0	0	
Base Fees	84061	0	0	0	0	0	0	0	0	
Base Fees	95028	0	0	0	0	0	0	0	0	
Base Fees	26850	0	0	0	0	0	0	0	0	
Base Fees	26498	0	0	0	0	0	0	0	0	
Base Fees	802	0	0	0	0	0	0	0	0	
Base Fees	38589	0	0	0	0	0	0	0	0	
Base Fees	95904	0	0	0	0	0	0	0	0	
Base Fees	90733	0	0	0	0	0	0	0	0	
Base Fees	27516	0	0	0	0	0	0	0	0	
Base Fees	29358	0	0	0	0	0	0	0	0	

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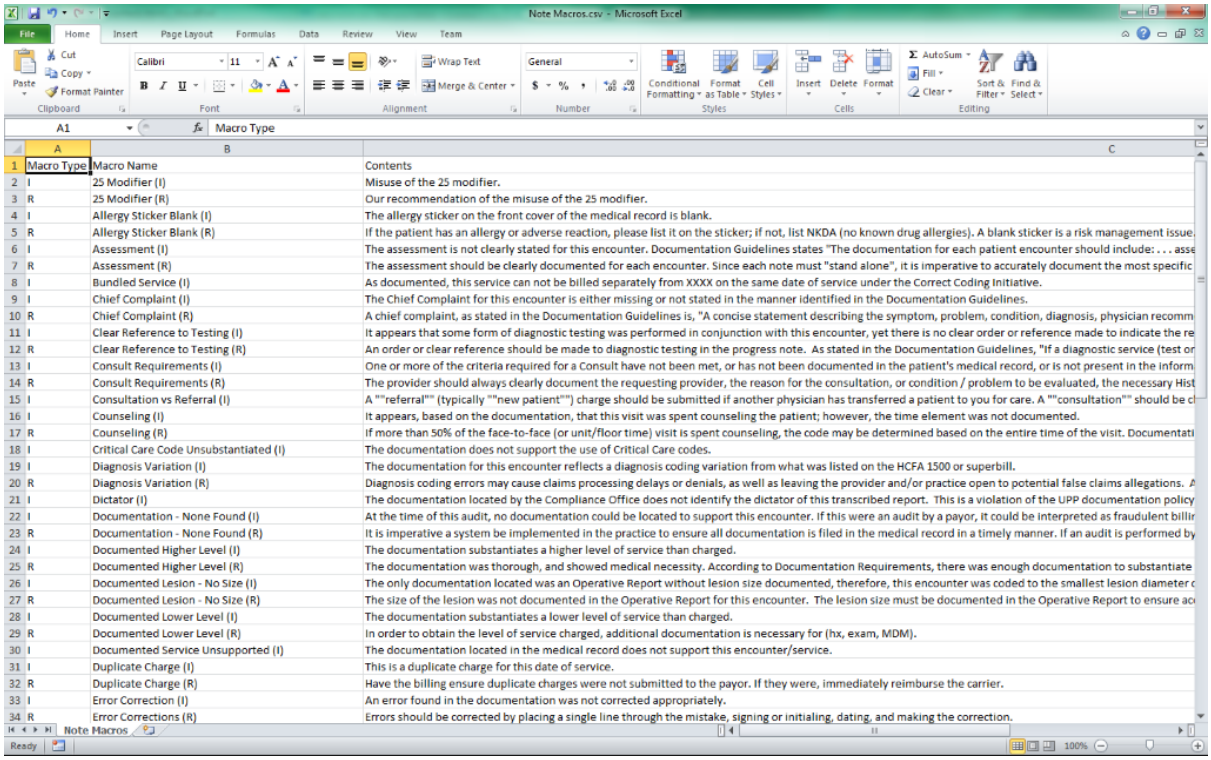
7.7 Importing Note Macros

- **Required Columns - these columns must have data**
  - Macro Type
  - Macro Name
- **Optional Columns - these columns may or may not be included**
  - Contents - the macro text
- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import**

- None



	A	B	C
1	Macro Type	Macro Name	Contents
2	I	25 Modifier (I)	Misuse of the 25 modifier.
3	R	25 Modifier (R)	Our recommendation of the misuse of the 25 modifier.
4	I	Allergy Sticker Blank (I)	The allergy sticker on the front cover of the medical record is blank.
5	R	Allergy Sticker Blank (R)	If the patient has an allergy or adverse reaction, please list it on the sticker; if not, list NKDA (no known drug allergies). A blank sticker is a risk management issue.
6	I	Assessment (I)	The assessment is not clearly stated for this encounter. Documentation Guidelines states "The documentation for each patient encounter should include: . . . asse
7	R	Assessment (R)	The assessment should be clearly documented for each encounter. Since each note must "stand alone", it is imperative to accurately document the most specific
8	I	Bundled Service (I)	As documented, this service can not be billed separately from XXXX on the same date of service under the Correct Coding Initiative.
9	I	Chief Complaint (I)	The Chief Complaint for this encounter is either missing or not stated in the manner identified in the Documentation Guidelines.
10	R	Chief Complaint (R)	A chief complaint, as stated in the Documentation Guidelines is, "A concise statement describing the symptom, problem, condition, diagnosis, physician recomm
11	I	Clear Reference to Testing (I)	It appears that some form of diagnostic testing was performed in conjunction with this encounter, yet there is no clear order or reference made to indicate the re
12	R	Clear Reference to Testing (R)	An order or clear reference should be made to diagnostic testing in the progress note. As stated in the Documentation Guidelines, "If a diagnostic service (test or
13	I	Consult Requirements (I)	One or more of the criteria required for a Consult have not been met, or has not been documented in the patient's medical record, or is not present in the Inform
14	R	Consult Requirements (R)	The provider should always clearly document the requesting provider, the reason for the consultation, or condition / problem to be evaluated, the necessary Hist
15	I	Consultation vs Referral (I)	A ""referral"" (typically ""new patient"") charge should be submitted if another physician has transferred a patient to you for care. A ""consultation"" should be c
16	I	Counseling (I)	It appears, based on the documentation, that this visit was spent counseling the patient; however, the time element was not documented.
17	R	Counseling (R)	If more than 50% of the face-to-face (or unit/floor time) visit is spent counseling, the code may be determined based on the entire time of the visit. Documentati
18	I	Critical Care Code Unsubstantiated (I)	The documentation does not support the use of Critical Care codes.
19	I	Diagnosis Variation (I)	The documentation for this encounter reflects a diagnosis coding variation from what was listed on the HCFA 1500 or superbill.
20	R	Diagnosis Variation (R)	Diagnosis coding errors may cause claims processing delays or denials, as well as leaving the provider and/or practice open to potential false claims allegations. A
21	I	Dictator (I)	The documentation located by the Compliance Office does not identify the dictator of this transcribed report. This is a violation of the UPP documentation policy
22	I	Documentation - None Found (I)	At the time of this audit, no documentation could be located to support this encounter. If this were an audit by a payor, it could be interpreted as fraudulent billir
23	R	Documentation - None Found (R)	It is imperative a system be implemented in the practice to ensure all documentation is filed in the medical record in a timely manner. If an audit is performed by
24	I	Documented Higher Level (I)	The documentation substantiates a higher level of service than charged.
25	R	Documented Higher Level (R)	The documentation was thorough, and showed medical necessity. According to Documentation Requirements, there was enough documentation to substantiate
26	I	Documented Lesion - No Size (I)	The only documentation located was an Operative Report without lesion size documented, therefore, this encounter was coded to the smallest lesion diameter c
27	R	Documented Lesion - No Size (R)	The size of the lesion was not documented in the Operative Report for this encounter. The lesion size must be documented in the Operative Report to ensure ac
28	I	Documented Lower Level (I)	The documentation substantiates a lower level of service than charged.
29	R	Documented Lower Level (R)	In order to obtain the level of service charged, additional documentation is necessary for (hx, exam, MDM).
30	I	Documented Service Unsupported (I)	The documentation located in the medical record does not support this encounter/service.
31	I	Duplicate Charge (I)	This is a duplicate charge for this date of service.
32	R	Duplicate Charge (R)	Have the billing ensure duplicate charges were not submitted to the payor. If they were, immediately reimburse the carrier.
33	I	Error Correction (I)	An error found in the documentation was not corrected appropriately.
34	R	Error Corrections (R)	Errors should be corrected by placing a single line through the mistake, signing or initialing, dating, and making the correction.

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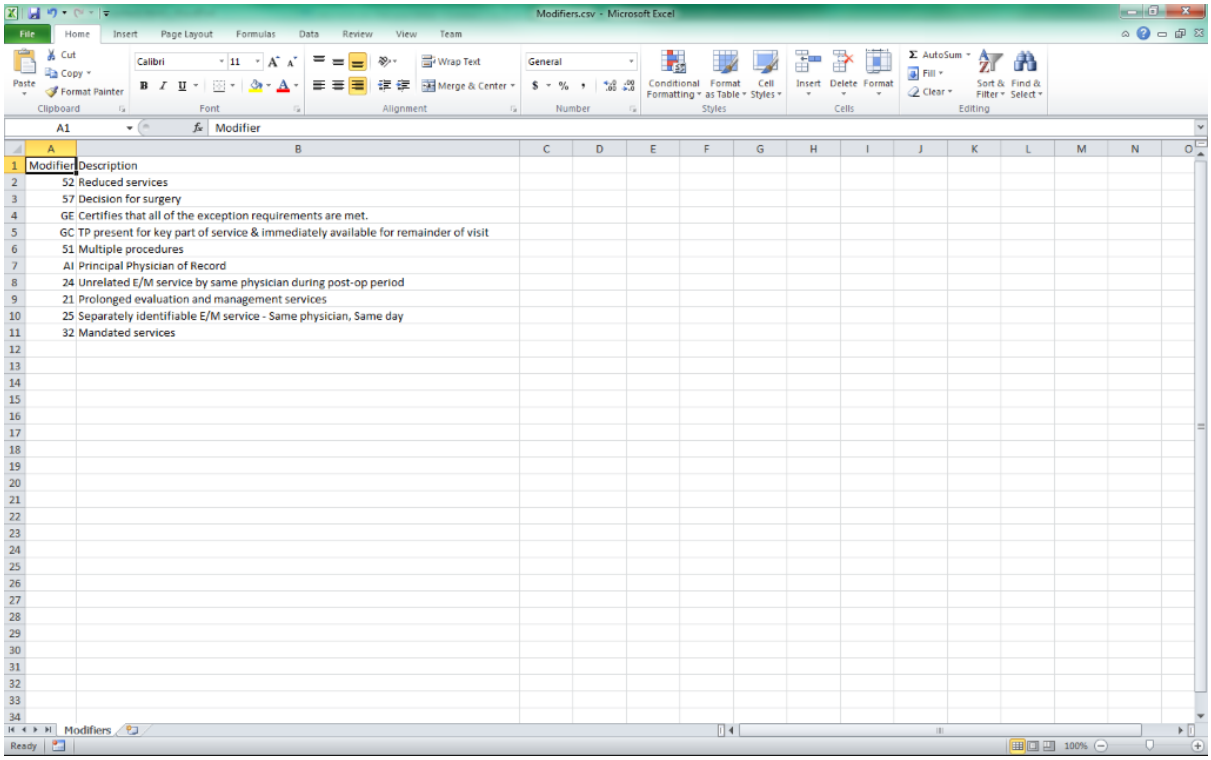
7.8 Importing Modifiers

- **Required Columns - these columns must have data**
  - Modifier
- **Optional Columns - these columns may or may not be included**
  - Description
- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import**

- None



Modifier	Description
52	Reduced services
57	Decision for surgery
GE	Certifies that all of the exception requirements are met.
GC	TP present for key part of service & immediately available for remainder of visit
51	Multiple procedures
AI	Principal Physician of Record
24	Unrelated E/M service by same physician during post-op period
21	Prolonged evaluation and management services
25	Separately identifiable E/M service - Same physician, Same day
32	Mandated services

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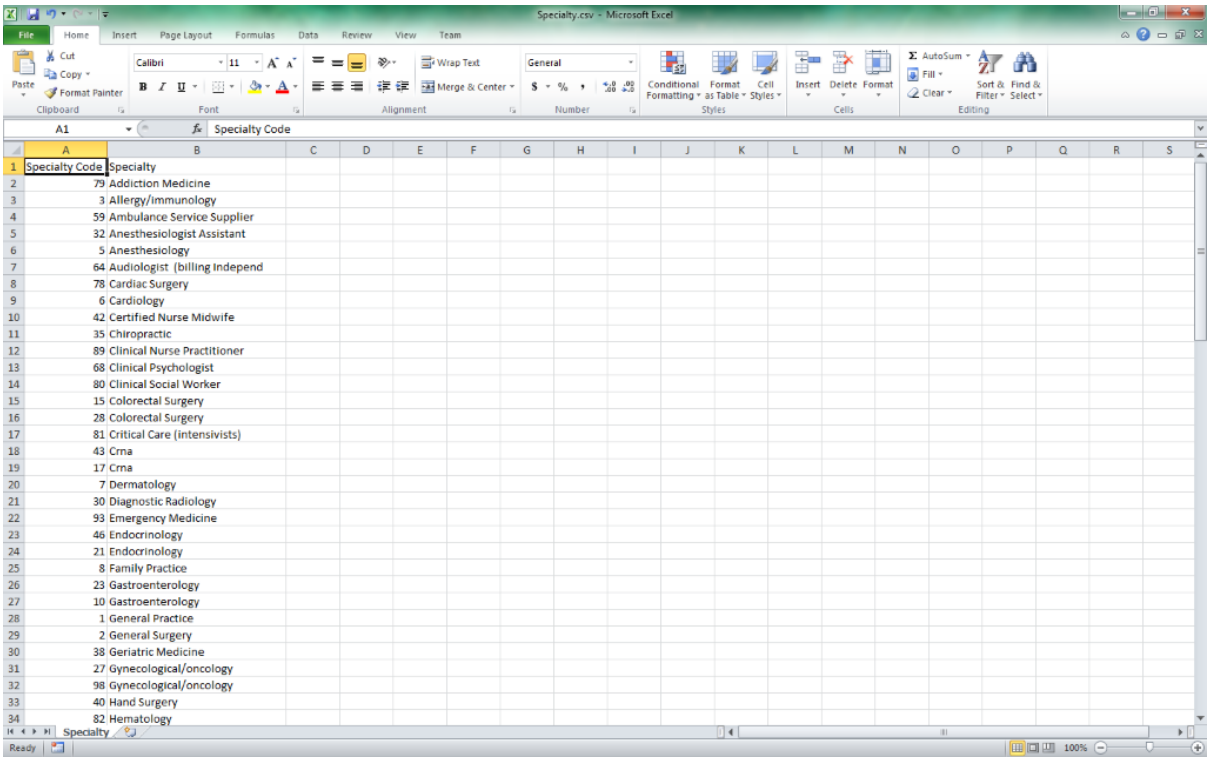
7.9 Importing Specialties

- **Required Columns - these columns must have data**
  - Specialty Code
  - Specialty - descriptive text
- **Optional Columns - these columns may or may not be included**
  - None

- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import**
  - None



Specialty Code	Specialty
79	Addiction Medicine
3	Allergy/immunology
59	Ambulance Service Supplier
32	Anesthesiologist Assistant
5	Anesthesiology
64	Audiologist (billing Independ
78	Cardiac Surgery
6	Cardiology
42	Certified Nurse Midwife
35	Chiropractic
89	Clinical Nurse Practitioner
68	Clinical Psychologist
80	Clinical Social Worker
15	Colorectal Surgery
28	Colorectal Surgery
81	Critical Care (intensivists)
43	Crna
17	Crna
7	Dermatology
30	Diagnostic Radiology
93	Emergency Medicine
46	Endocrinology
21	Endocrinology
8	Family Practice
23	Gastroenterology
10	Gastroenterology
1	General Practice
2	General Surgery
38	Geriatric Medicine
27	Gynecological/oncology
98	Gynecological/oncology
40	Hand Surgery
82	Hematology

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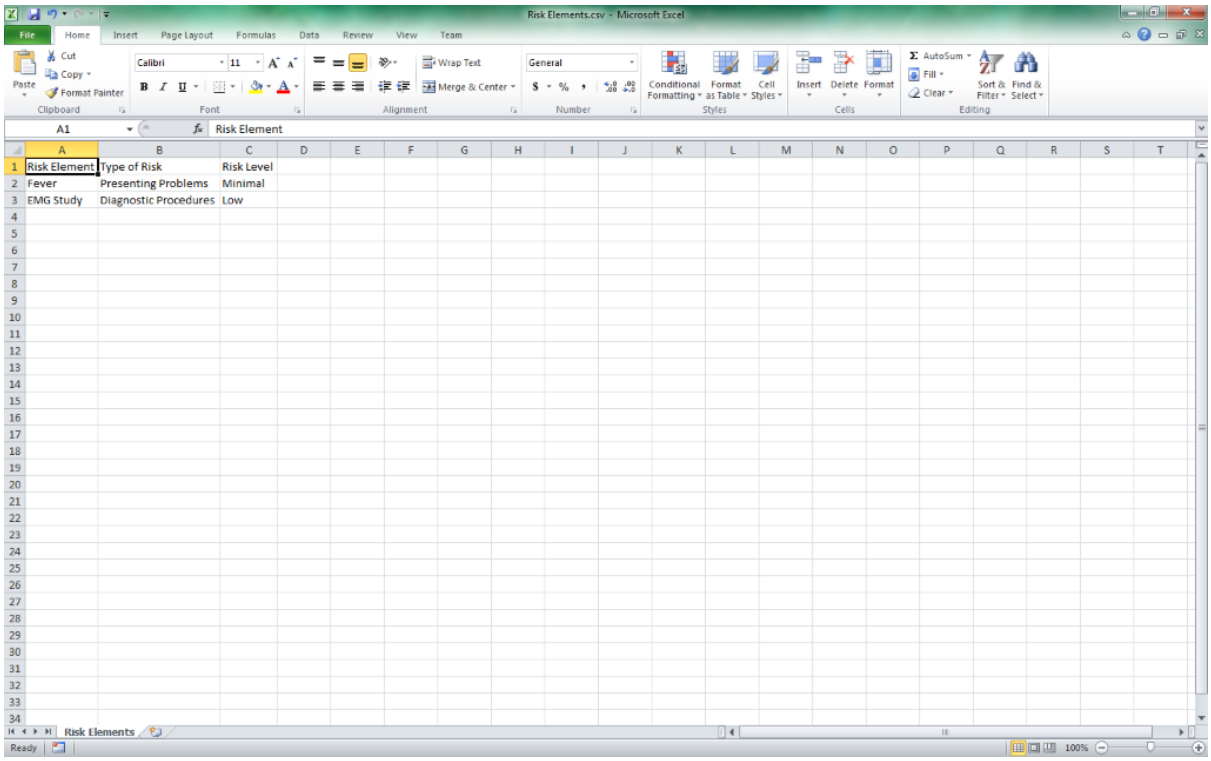
7.10 Importing Risk Elements

- **Required Columns - these columns must have data**
  - Risk Element
  - Type of Risk
  - Level of Risk

- **Optional Columns - these columns may or may not be included**
  - None
- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import**
  - None



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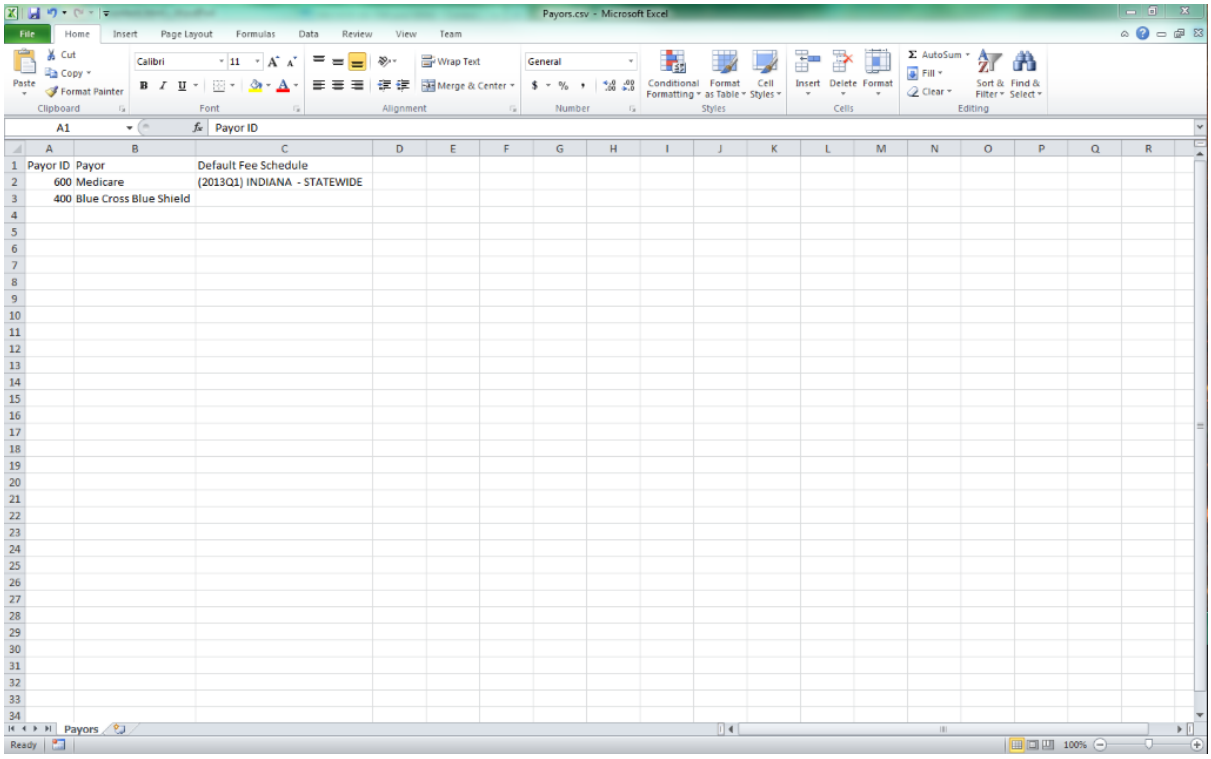
7.11 Importing Payors

- **Required Columns - these columns must have data**
  - PayorID

- Payor

- **Optional Columns - these columns may or may not be included**
  - None

- **Prior Data Columns - these columns have data that must be in Intelicode already to successfully import**
  - Default Fee Schedule (required) - data can be blank



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8 Offices

Intelicode allows you to maintain multiple databases or offices. Learn how to create offices, rename offices and how to manipulate your databases in the following sections. (Some information does not apply to Intelicode Solo.)

8.1 Create Office

To create a new office:

1. After logging in, the next screen to come up is the **Offices and Departments** screen. You can also access this screen after selecting and office and then clicking on the **Office** menu at the top of the screen and then clicking on **Create/Change - Offices/Departments**

2. You must have permission to create an office. If you do not, the **Create Office** button will have gray text. If this is the case, you will have to either be given permissions by your **Administrator** or you will have to have your **Administrator** create the office. To learn more about managing offices, permissions, and users, see the Administration help page.

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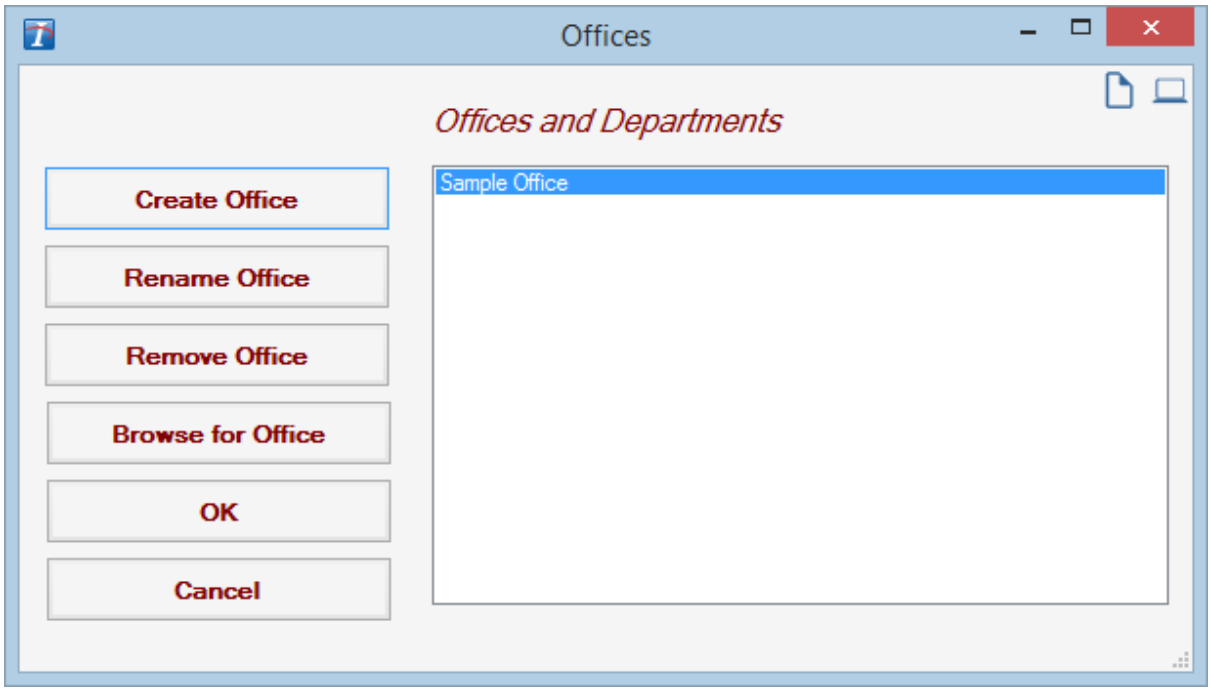
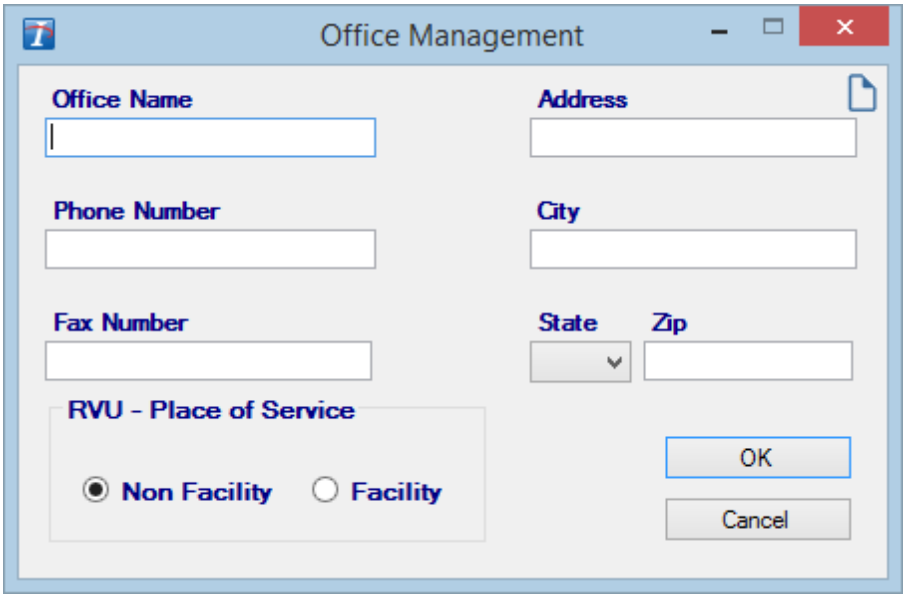


3. Click **Create Office**. The **Office Management** screen will come up.

4. Fill in the necessary information and click **OK**. The **Office Management** screen disappears.



5. To begin using this office, click the office name on the **Offices and Departments** screen and click **OK**.

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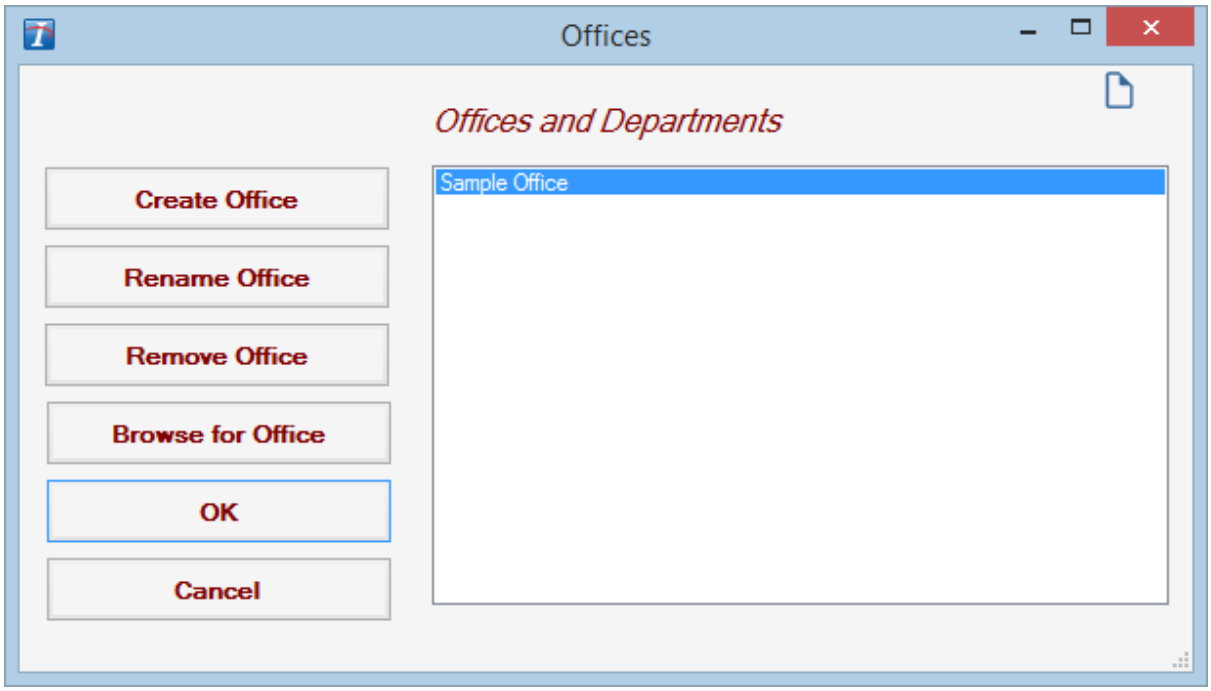
8.2 Rename Office

To rename an office:

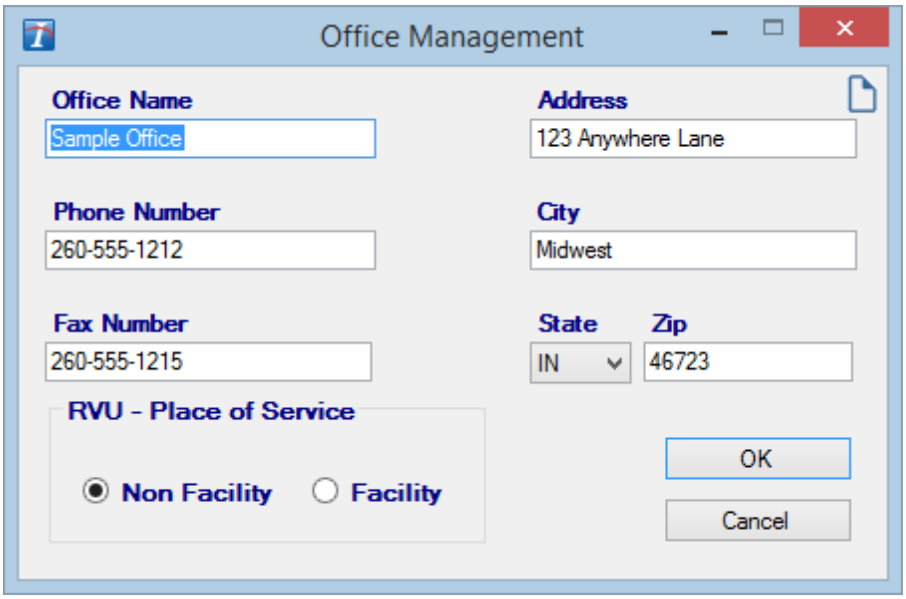
1. After logging in, the next screen to come up is the **Offices and Departments** screen. You can also access this screen after selecting an office and then clicking on the **Office** menu at the top of the screen and then clicking on **Create/Change - Offices/Departments**

2. You must have **Administrator** privileges to rename an office. If you do not have this privilege, the **Rename Office** button will have gray text. If this is the case, you will have to either be reassigned as an **Administrator** or you will have to have an **Administrator** create the office. To learn more about managing offices, permissions, and users, see the Administration help page.



3. Click **Rename Office**. The **Office Management** screen will come up.

4. Edit the **Office Name** and any other necessary information that needs to be changed and click **OK**. The **Office Management** screen disappears



5. To begin use office, click the office name on the **Offices and**

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Departments screen and click **OK**.

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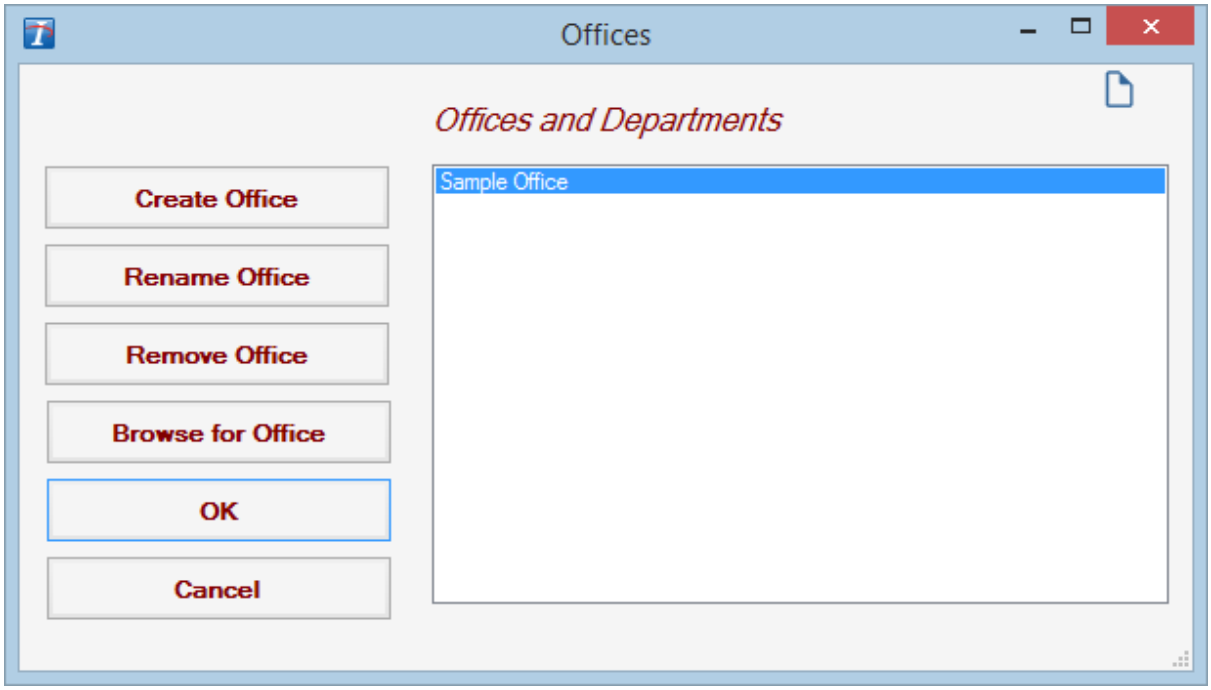
8.3 Remove Office

To remove an office:

1. After logging in, the next screen to come up is the **Offices and Departments** screen. You can also access this screen by selecting an office and then clicking on the **Office** menu at the top of the screen and then clicking on **Create/Change - Offices/Departments**



2. Click **Remove Office**. The office is removed from the **Offices and Departments** screen. The office file is not deleted from your system.

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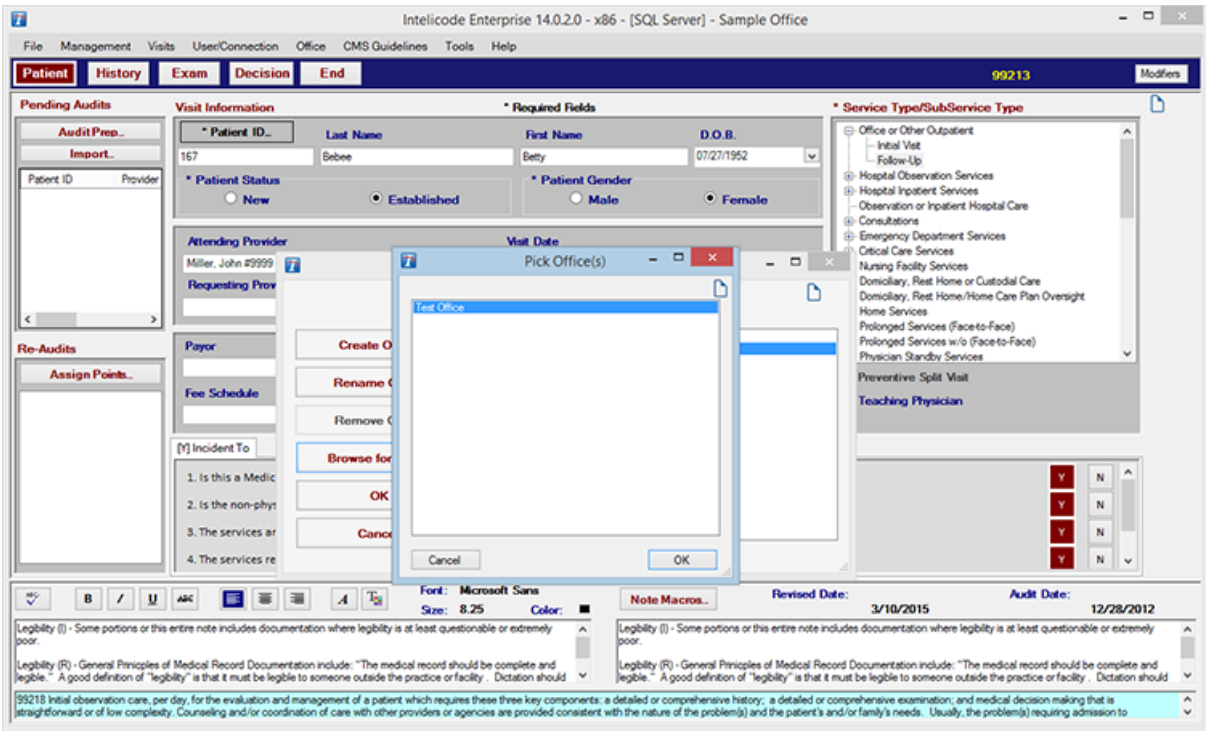
8.4 Browse for Office

To browse for an office:

1. After logging in, the next screen to come up is the **Offices and Departments** screen. You can also access this screen after selecting an office and then clicking on the **Office** menu at the top of the screen and then clicking on **Create/Change - Offices/Departments**



2. Click **Browse for Office**. The **Pick Office** window will appear showing any available offices. If the office you are looking for is not showing, your Administrator may need to add it.

3. To select the office that you wish to add to the **Offices and**

Departments screen, click on it.

4. Then click **OK**. The **Pick Office** screen will disappear and the office you had selected will be added to the **Offices and Departments** screen.

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8.5 Multiple Offices

There are many reasons for creating and maintaining multiple offices in Intelicode. We need to look at our Intelicode date in much the same way as we would a file cabinet. Good filing practices make finding and managing information easier. You might create one Office for each for each clinic, site, department, or by client. You might wish to create a new Office for each year, quarter, or month, depending upon the amount of data. You have a great deal of flexibility. See the points below for more tips on using multiple offices.

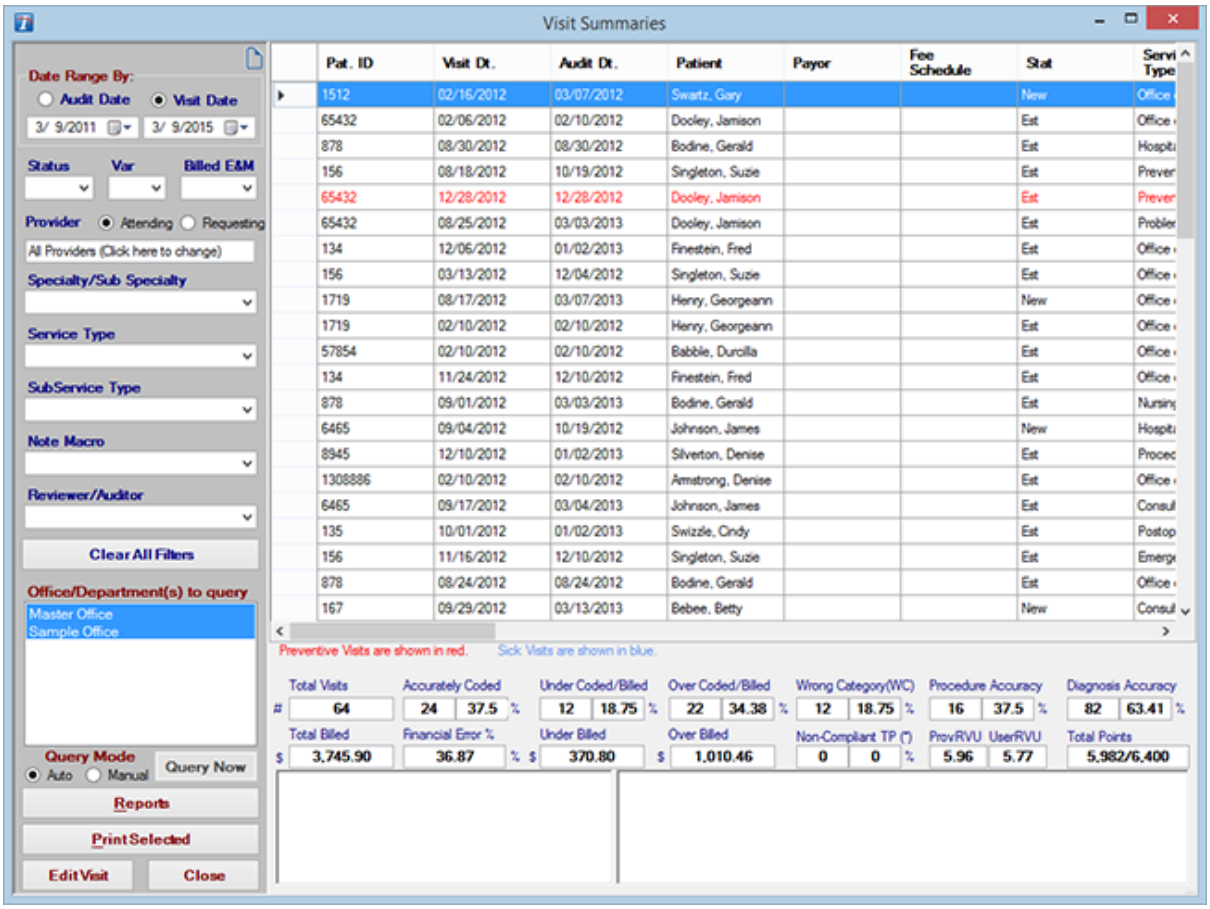
1. Multiple Offices in Visit Summaries:

a. Notice, first, the lower-left portion of the screen. There is a white box beneath the heading that says **Select Office/ Department(s) to Query**. The office that is selected is the office that is being used to display the data in the grid on the right side of the screen.

b. To display data from multiple offices, hold down **Ctrl** key and select other offices. You can also hold down the **Shift** key and click to select a group of offices at one time.

c. The data showing in the grid is a combination of the two offices. You can sort and filter this data just as if it were all in one office.

d. You can even run any report using the data from multiple offices!



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8.6 Copy and Send Between Offices

In Intelicode, you have the ability to "Copy" or "Send" various

items from office to office.

I. Copying and Sending from the Management Screen:

a. Send to Another Office:

i. Select the record(s) that you want to be sent (copied) to the corresponding table in another office(s).

ii. Click the **Send to Another Office** button. The **Pick Office(s)** pop-up window will appear.

iii. Select the office(s) that you would like to send this record (s) to.

iv. Click **OK** to send the record(s). The records remain in this office and are now copied to the corresponding table in the other office(s) selected.

v. If there is a record from the selected office(s) that has the same ID as a record in the data you are sending, you will be asked if you want to overwrite:

- ✍ The **All** option will tell Intelicode to overwrite any and all records (from this point forward in this process) that have an ID that matches the ID in the data you are sending.
- ✍ The **None** option will tell Intelicode to not overwrite any records for this particular copy from this point forward in this process.
- ✍ The **Yes** option will tell Intelicode to overwrite this one particular record and only this record.

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- ✍ The **No** option will tell Intelicode to not overwrite this one particular record and only this record.
- ✍ The **Cancel** option will stop the entire Send process.

b. Copy From Another Office:

i. Click the **Copy From Another Office** button.

ii. Select the office(s) from which you wish to copy all of its records from its corresponding table.

iii. Click **OK**. The records from the office(s) you selected are now a part of the corresponding table in the current office.

iv. If there is a record from the selected office(s) that has the same ID as a record from your current table, you will be asked if you want to overwrite:

- ✍ The **All** option will tell Intelicode to overwrite any and all records that have an ID that matches the ID in the current table.
- ✍ The **None** option will tell Intelicode to not overwrite any records for this particular copy.
- ✍ The **Yes** option will tell Intelicode to overwrite this one particular record and only this one.
- ✍ The **No** option will tell Intelicode to not overwrite this one particular record. If there are any more duplicate records, you will asked the question again pertaining to each of the other records so long as you click **No**.
- ✍ The **Cancel** option will stop the entire Copy process.

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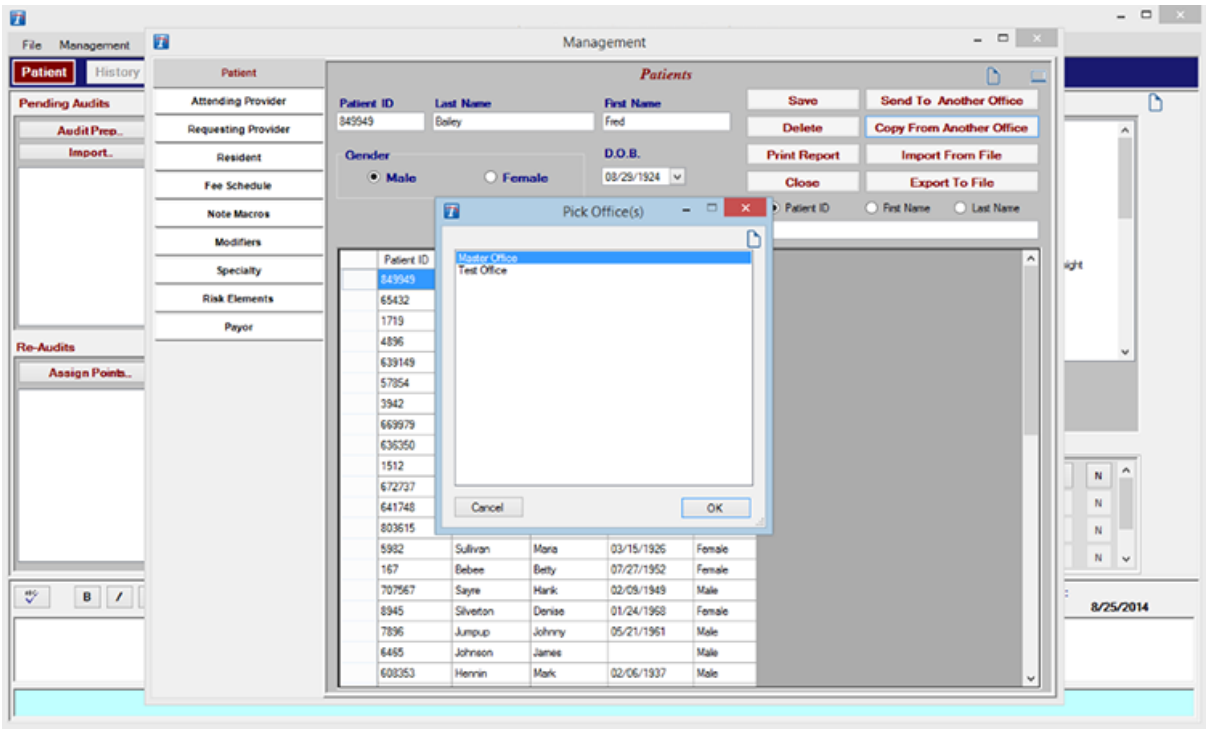

2. Sending Visits from Visit Summaries:

a. Select the visit(s) you wish to send.

b. When you have the visit(s) selected, right-click anywhere in the grid and click **Send Visit(s) to Another Office**. The **Pick Office(s)** window appears.

c. Choose the office(s) that you want to send the visits to by clicking on the office name.

d. Duplicate visits will be ignored.

e. Use the **Shift** key and the **Ctrl** key to select multiple offices.

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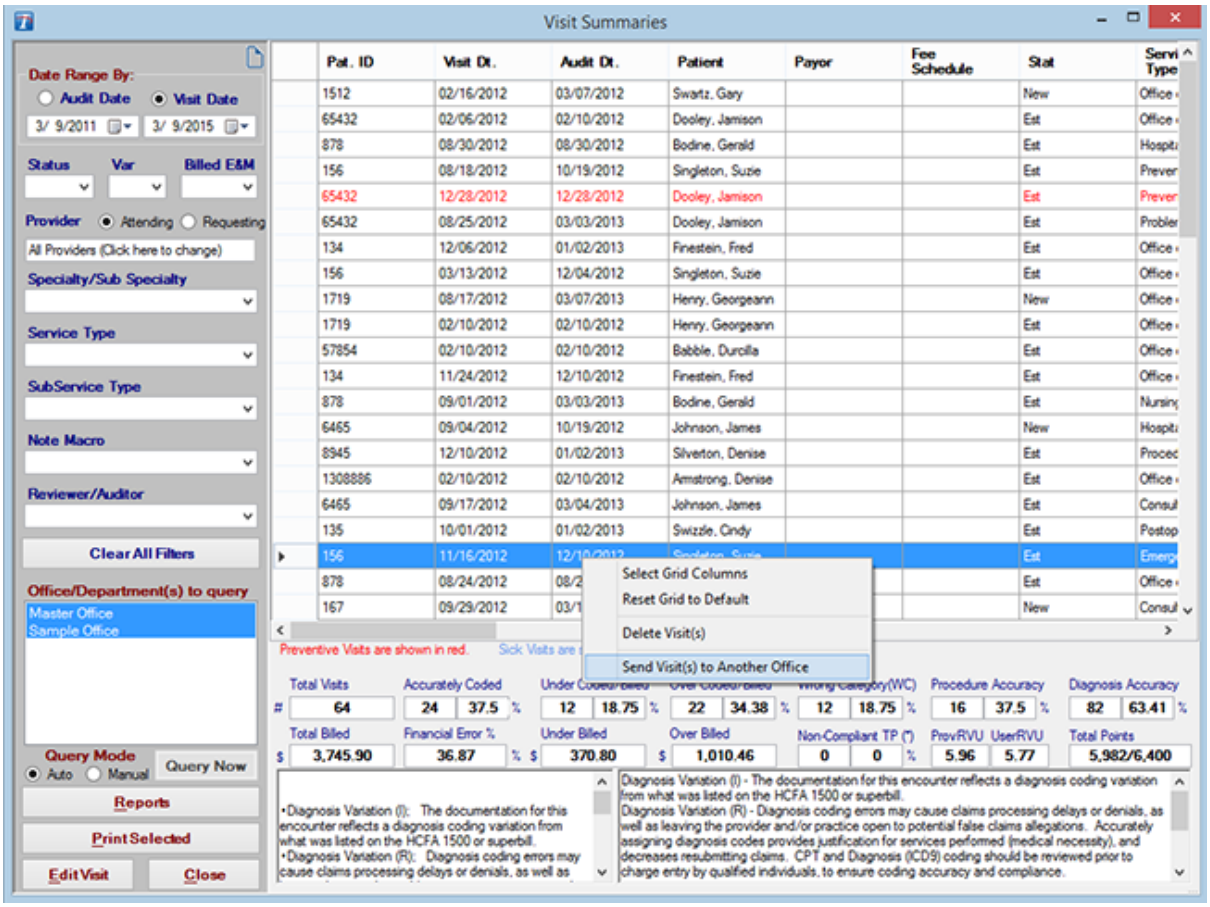
Visit Summaries
Date Range By:
Audit Date
Visit Date
3/ 9/2011
3/ 9/2015
Status
Var
Billed E&M
Provider
Attending
Requesting
All Providers (Click here to change)
Specialty/Sub Specialty
Service Type
SubService Type
Note Macro
Reviewer/Auditor
Clear All Filters
Office/Department(s) to query
Master Office
Sample Office
Query Mode
Auto
Manual
Query Now
Reports
Print Selected
Edit Visit
Close
Pat. ID
Visit Dt.
Audit Dt.
Patient
Payor
Fee Schedule
Stat
Servi Type
1512 02/16/2012 03/07/2012 Swartz, Gary New Office
65432 02/06/2012 02/10/2012 Dooley, Jamison Est Office
878 08/30/2012 08/30/2012 Bodine, Gerald Est Hospit
156 08/18/2012 10/19/2012 Singleton, Suzie Est Prever
65432 12/28/2012 12/28/2012 Dooley, Jamison Est Prever
65432 08/25/2012 03/03/2013 Dooley, Jamison Est Probler
134 12/06/2012 01/02/2013 Finestein, Fred Est Office
156 03/13/2012 12/04/2012 Singleton, Suzie Est Office
1719 08/17/2012 03/07/2013 Henry, Georgeann New Office
1719 02/10/2012 02/10/2012 Henry, Georgeann Est Office
57854 02/10/2012 02/10/2012 Babble, Durcilla Est Office
134 11/24/2012 12/10/2012 Finestein, Fred Est Office
878 09/01/2012 03/03/2013 Bodine, Gerald Est Nursin
6465 09/04/2012 10/19/2012 Johnson, James New Hospit
8945 12/10/2012 01/02/2013 Silverton, Denise Est Proced
1308886 02/10/2012 02/10/2012 Armstrong, Denise Est Office
6465 09/17/2012 03/04/2013 Johnson, James Est Consul
135 10/01/2012 01/02/2013 Swizzle, Cindy Est Postop
156 11/16/2012 Est Emerg
878 08/24/2012 Est Office
167 09/29/2012 New Consul
Select Grid Columns
Reset Grid to Default
Delete Visit(s)
Send Visit(s) to Another Office
Preventive Visits are shown in red.
Total Visits
Accurately Coded
Procedure Accuracy
Diagnosis Accuracy
64
24 37.5 %
12 18.75 %
22 34.38 %
12 18.75 %
16 37.5 %
82 63.41 %
Total Billed
Financial Error %
Under Billed
Over Billed
Non-Compliant TP (*)
ProvRVU UserRVU
Total Points
$ 3,745.90
36.87 % $ 370.80
$ 1,010.46
0 0 %
5.96 5.77
5,982/6,400
•Diagnosis Variation (I): The documentation for this encounter reflects a diagnosis coding variation from what was listed on the HCFA 1500 or superbill.
•Diagnosis Variation (R): Diagnosis coding errors may cause claims processing delays or denials, as well as
Diagnosis Variation (I) - The documentation for this encounter reflects a diagnosis coding variation from what was listed on the HCFA 1500 or superbill.
Diagnosis Variation (R) - Diagnosis coding errors may cause claims processing delays or denials, as well as leaving the provider and/or practice open to potential false claims allegations. Accurately assigning diagnosis codes provides justification for services performed (medical necessity), and decreases resubmitting claims. CPT and Diagnosis (ICD9) coding should be reviewed prior to charge entry by qualified individuals, to ensure coding accuracy and compliance.

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8.7 Repair Offices

1. From time to time, a database can get corrupted in one way or another.

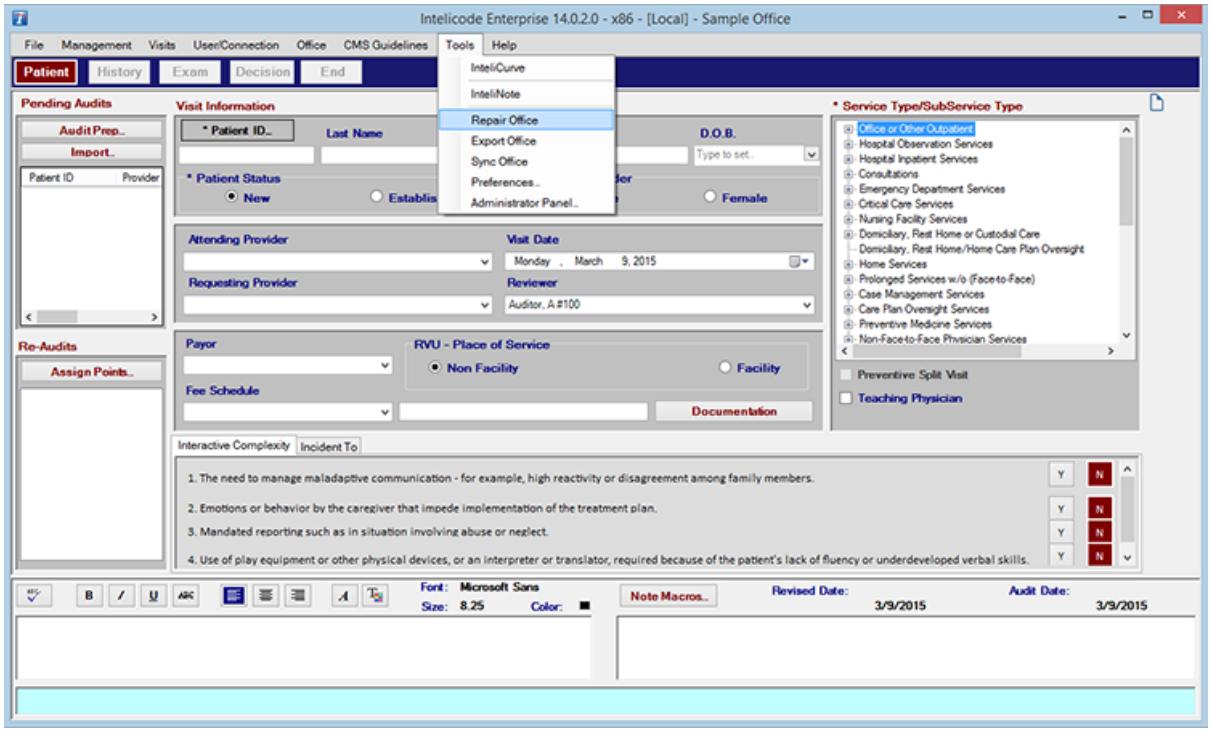
2. Often times, this problem can be corrected with a simple process called **Repair**.

3. This tool is only available and applicable when using the **Local/ Standard** database type rather than **SQL Server**.

4. To **Repair** an office, click on the **Tools** menu at the top of the screen.

5. Then, click the **Repair Office** menu item. The repair should be completed shortly.

6. If the **Repair** does not seem to solve your problem, you may call **1-800-786-4231** for technical assistance.



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8.8 Export Offices

1. This tool is only available and applicable when using the **SQL Server** database type rather than **Local/Standard**.

2. To **Export** an office from **SQL Server** to a **Standard** database,

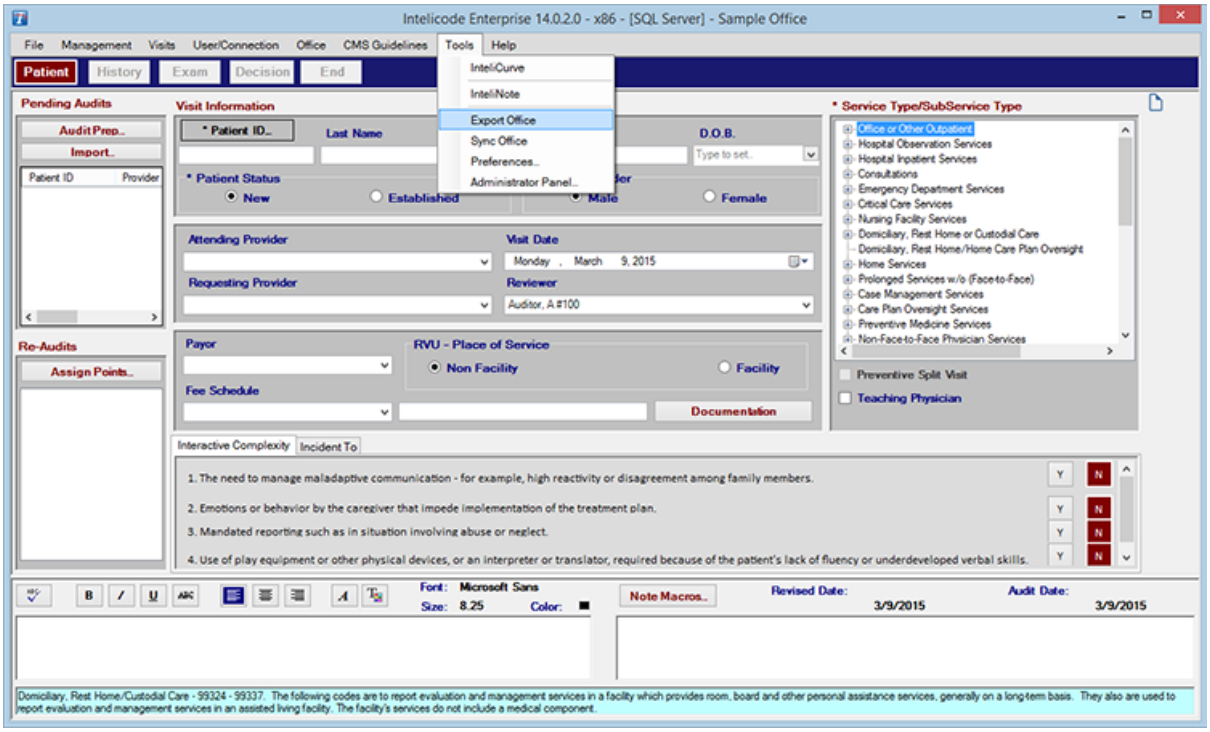
click on the **Tools** menu at the top of the screen.

3. Then, click the **Export Office** menu item. A **Save As** dialog will appear.

4. Browse to the location where you would like to save the exported office.

5. Change the file name if you wish, but it is highly recommended that you retain the ".tsidb" extension.

6. Click **Save**. The **Export** should be completed shortly.



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8.9 Sync Offices

1. This tool is only available and applicable when using the **SQL Server** database type rather than **Local/Standard**.

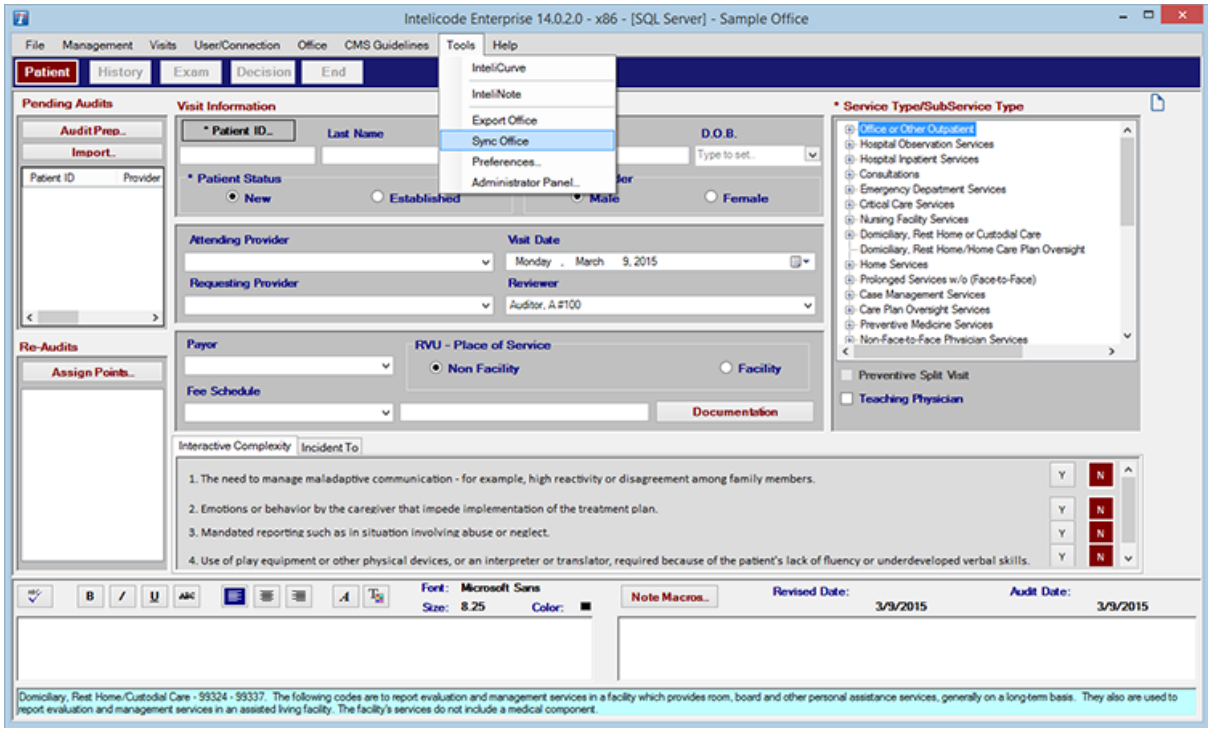
2. To **Sync** an office with an exported office, click on the **Tools** menu at the top of the screen.

3. Then, click the **Sync Office** menu item. A **Open** dialog will appear with the title **Sync Intelicode Office**.

4. Browse to the location of the office you would like the current office to be synced with.

5. Select the office file.

6. Click **Open**. The **Sync** should be completed shortly.


Intelicode Enterprise 14.0.2.0 - x86 - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End
IntelliCurve
IntelliNote
Export Office
Sync Office
Preferences...
Administrator Panel...
Pending Audits
Audit Prep...
Import...
Visit Information
* Patient ID...
Last Name
D.O.B.
* Patient Status
New
Established
Male
Female
* Service Type/SubService Type
Office or Other Outpatient
Hospital Observation Services
Hospital Inpatient Services
Consultations
Emergency Department Services
Critical Care Services
Nursing Facility Services
Domiciliary, Rest Home or Custodial Care
Domiciliary, Rest Home/Home Care Plan Oversight
Home Services
Prolonged Services w/o (Face-to-Face)
Case Management Services
Care Plan Oversight Services
Preventive Medicine Services
Non-Face-to-Face Physician Services
Attending Provider
Visit Date
Monday , March 9, 2015
Requesting Provider
Reviewer
Auditor, A #100
Re-Audits
Assign Points...
Payor
RVU - Place of Service
Non Facility
Facility
Fee Schedule
Documentation
Preventive Split Visit
Teaching Physician
Interactive Complexity
Incident To
1. The need to manage maladaptive communication - for example, high reactivity or disagreement among family members.
2. Emotions or behavior by the caregiver that impede implementation of the treatment plan.
3. Mandated reporting such as in situation involving abuse or neglect.
4. Use of play equipment or other physical devices, or an interpreter or translator, required because of the patient's lack of fluency or underdeveloped verbal skills.
Font: Microsoft Sans
Size: 8.25
Color:
Note Macros...
Revised Date: 3/9/2015
Audit Date: 3/9/2015
Domiciliary, Rest Home/Custodial Care - 99324 - 99337. The following codes are to report evaluation and management services in a facility which provides room, board and other personal assistance services, generally on a long-term basis. They also are used to report evaluation and management services in an assisted living facility. The facility's services do not include a medical component.

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9 Miscellaneous

Couldn't find the screen or information you were looking for? Miscellaneous is the section that explains those extra things. Covering areas such as: Consult Verification, the Running Tally, and even how to Archive a Provider/ Resident, this section provides information not found elsewhere.

9.1 Archive Providers and Residents

1. Click on the **Management** menu at the top of the screen.
2. Click on **Attending Provider**, **Requesting Provider**, or **Resident** depending upon what you want to archive. A screen will appear corresponding to the option that you selected.
3. Select the record(s) you wish to have archived by clicking on the row.
4. Then, look for the **Archive Provider** or **Archive Resident** heading next to a check box. Click on the check box or on the text itself. The box will become checked.
5. With the record(s) selected and the box checked, click the **Save** button.

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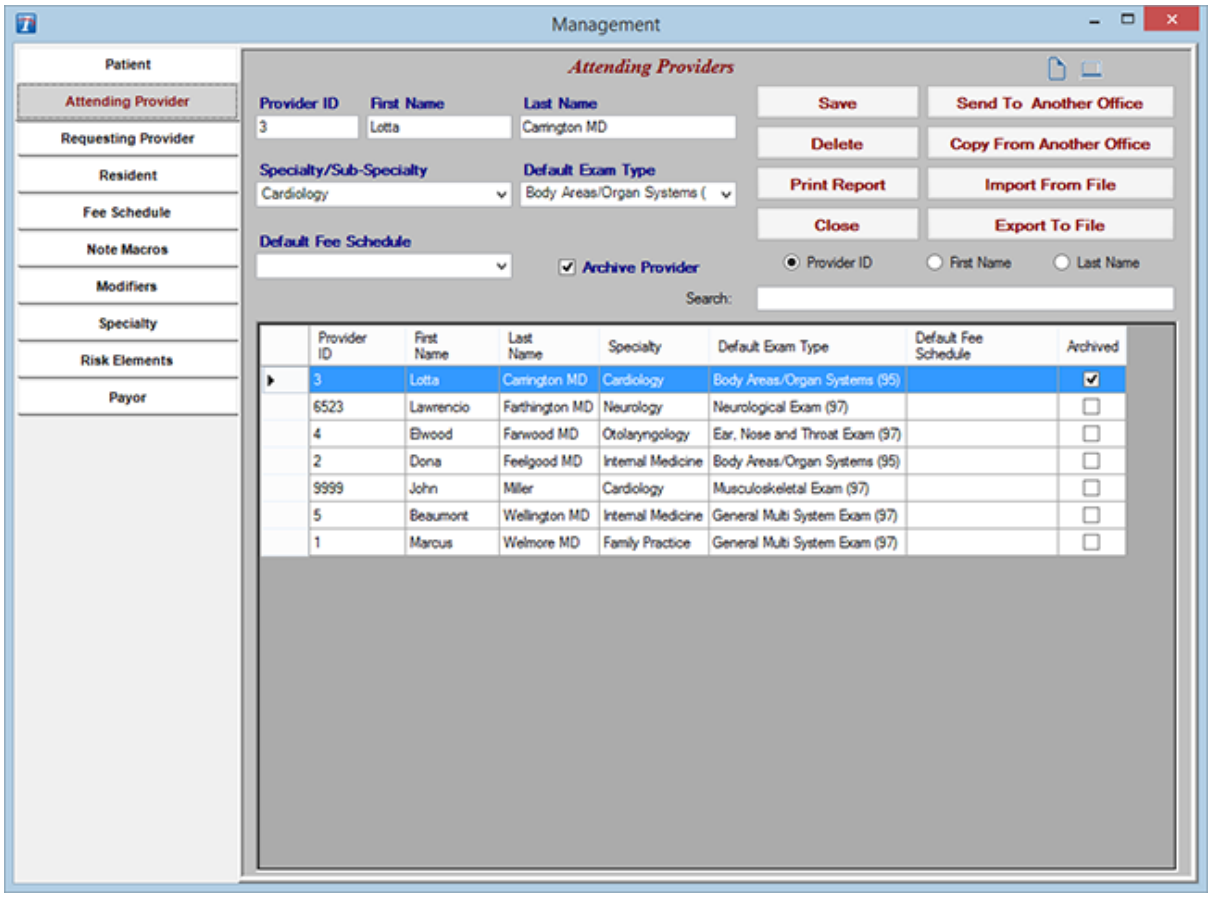

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9.2 Automatic Updates

Intelicode offers automatic update notification for our users who are connected to the Internet. When Intelicode is launched, it will check if any updates are available. If it finds an update, it will prompt you to download the latest version. You can also manually **Check For Updates** by clicking on the **Help** menu at the top of the screen, and then clicking the **Check For Updates** option.

1. The **Update Summary** section will contain information pertaining to the latest update.
2. To view the details of changes in Intelicode, click the **View Full Change Log** link directly under the **Update Summary** section
3. To download the latest version of Intelicode, click on the **Yes** button. This will open your default web browser and navigate to the update page. It will also close the update notification screen and continue to load Intelicode.
4. Follow all instructions on the update page to download and install the current update.
5. Clicking **Close** button will close the update notification screen and continue to load Intelicode.
6. If you choose not to update, each time Intelicode is launched you will see the update notification screen until the latest version is installed.
7. If you no longer want to be automatically notified when updates are available; either check the **Do not notify me again** checkbox or change the setting in the Preferences screen.

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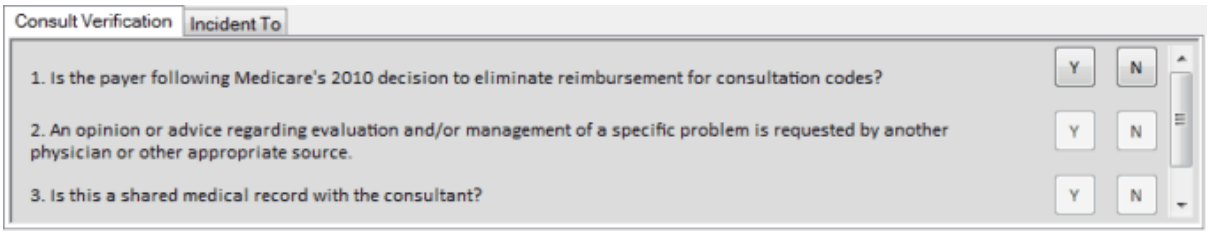
9.3 Consult Verification

1. When choosing the **Consultations** service from the **Patient Screen**, the **Consult Verification** tab becomes available in the section just below the **Service Type** section.

2. You will be prompted to answer the following questions. If the **Require Consult Verification** checkbox is unchecked, you will be able to continue without answering the questions. Once the questions have been answered appropriately, you may complete the rest of the review.


Consult Verification
Incident To
1. Is the payer following Medicare's 2010 decision to eliminate reimbursement for consultation codes?
Y
N
2. An opinion or advice regarding evaluation and/or management of a specific problem is requested by another physician or other appropriate source.
Y
N
3. Is this a shared medical record with the consultant?
Y
N

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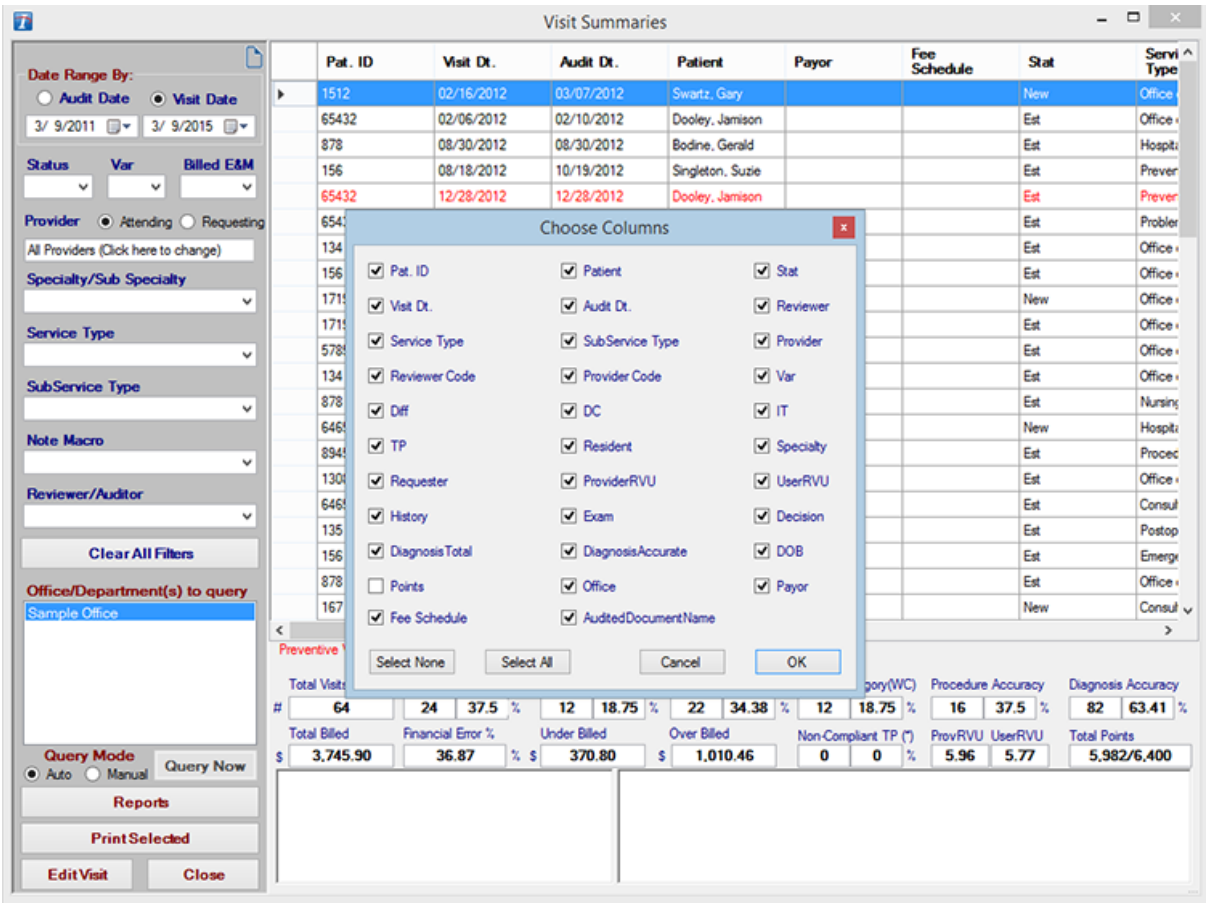
9.4 Customized Visit Grid

1. Click on the **Visits** menu at the top of the screen.
2. Select the **Visit Summaries** option by clicking on it.
3. To customize which columns are visible in the grid, right-click anywhere in the grid and click on **Select Grid Columns**. Check on or off the desired columns (fields) by clicking the column name or on its corresponding check box.



4. To customize the order in which the columns display, simply click on one of the column headings at the top of the grid, hold down the mouse button and drag it across to the desired location. Intelicode will remember your column order even after exiting the program and returning.

5. To sort the data according to the ascending or descending order of the data in a particular column, simply click on that column heading at the top of the grid. Click the column heading again to toggle between ascending or descending order.

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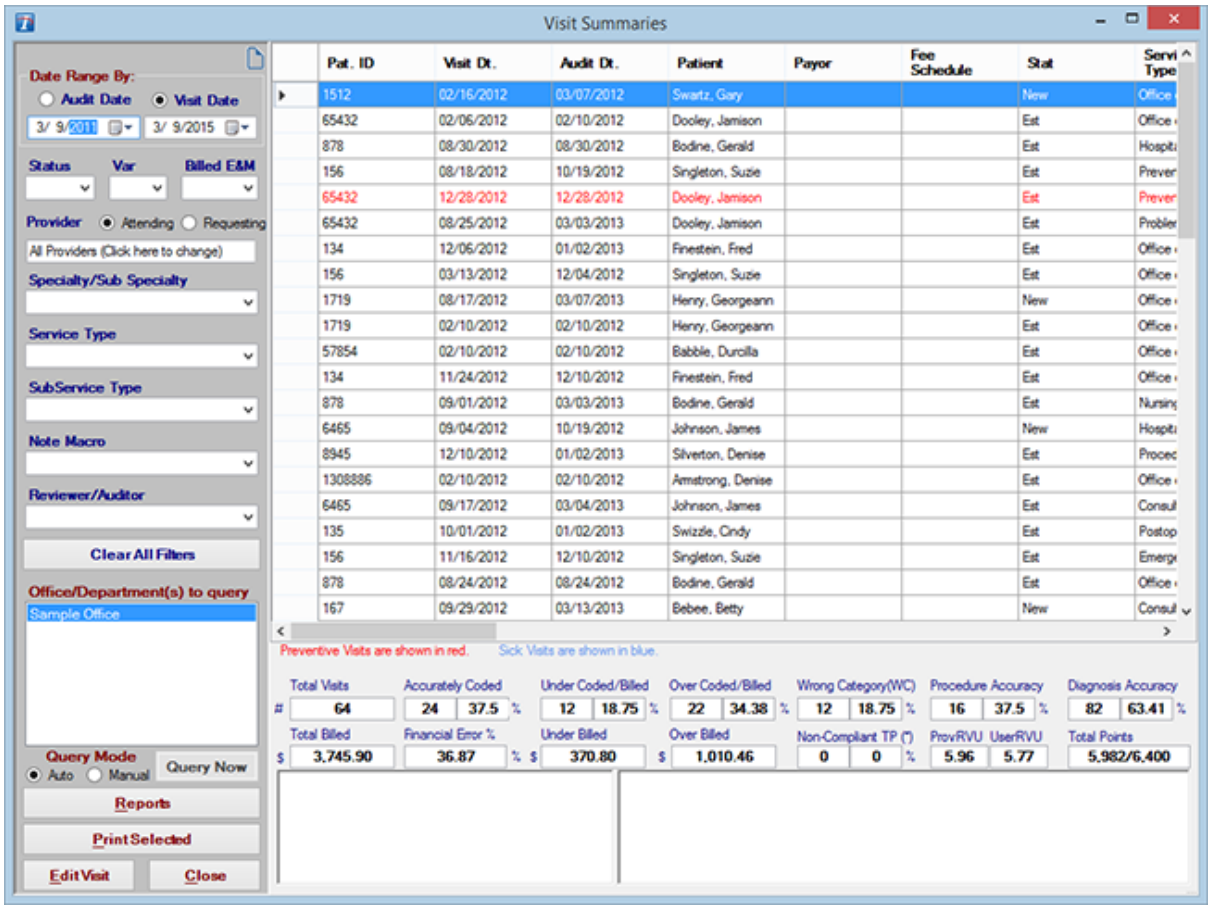

6. To alter the width of any given column, use your mouse to put the cursor on the column heading bar on the line that separates the columns, hold down the mouse button, and drag the column divider to the desired position. Intelicode will remember your column widths even after you have exited the software and returned.

7. To reset your columns to their original settings, right-click on the grid and then click **Reset Grid to Default**.

8. To filter the data based on a particular field, use the drop down boxes on the left side of the screen. Intelicode will remember your filter settings even after exiting the program and returning. To reset the filters to their original settings, click **Clear All Filters**.

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9. See the Visit Summaries help page for more information.

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9.5 Date Of Birth

In Intelicode, the Date of Birth (D.O.B.) is not required. Various E&M codes are age driven and require a Date of Birth to be entered to generate a code (i.e. Preventive Medicine, Critical Care).

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9.6 EZ Help

EZHelp™

As you move your mouse over various elements within the Intelicode program, you will notice that the text in the light blue window offers useful tips and helpful reminders. We call this EZHelp™

Hospital Inpatient Services - 99221 - 99239. These codes are used to report evaluation and management services provided to hospital inpatients. Hospital inpatient services include those services provided to patients in a "partial hospital" setting. These codes are to be used to report these partial hospitalization services. See also psychiatry notes in the full text of CPT.

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9.7 Provider vs. Reviewer E&M

1. To indicate the **Provider** or **Billed** code, click on the appropriate (or not so appropriate as the case may be) code in the list of E&M codes under the **Provider E&M** heading on the **End Screen**, and Intelicode will calculate a **Variance** and an **Overbilled** or **Underbilled** amount (based on your currently selected fee schedule).

2. If you don't have a fee schedule, you can still report on those services that are inappropriately coded. The **Variance** is calculated by looking at the **Service Category** and **Sub Category**.

3. If the software calculates a 99215 for example, and the provider billed a 99214, Intelicode looks at both codes being from the same category (99211-99215) and calculates the difference between the **Provider (Billed)** and **Reviewer (Audited)** code.

4. Regardless of whether or not you use a Fee Schedule, Intelicode will keep a running total on **Overbilled**, **Underbilled**, **Wrong Category**, and **Non-Compliant Teaching Physician** visits.

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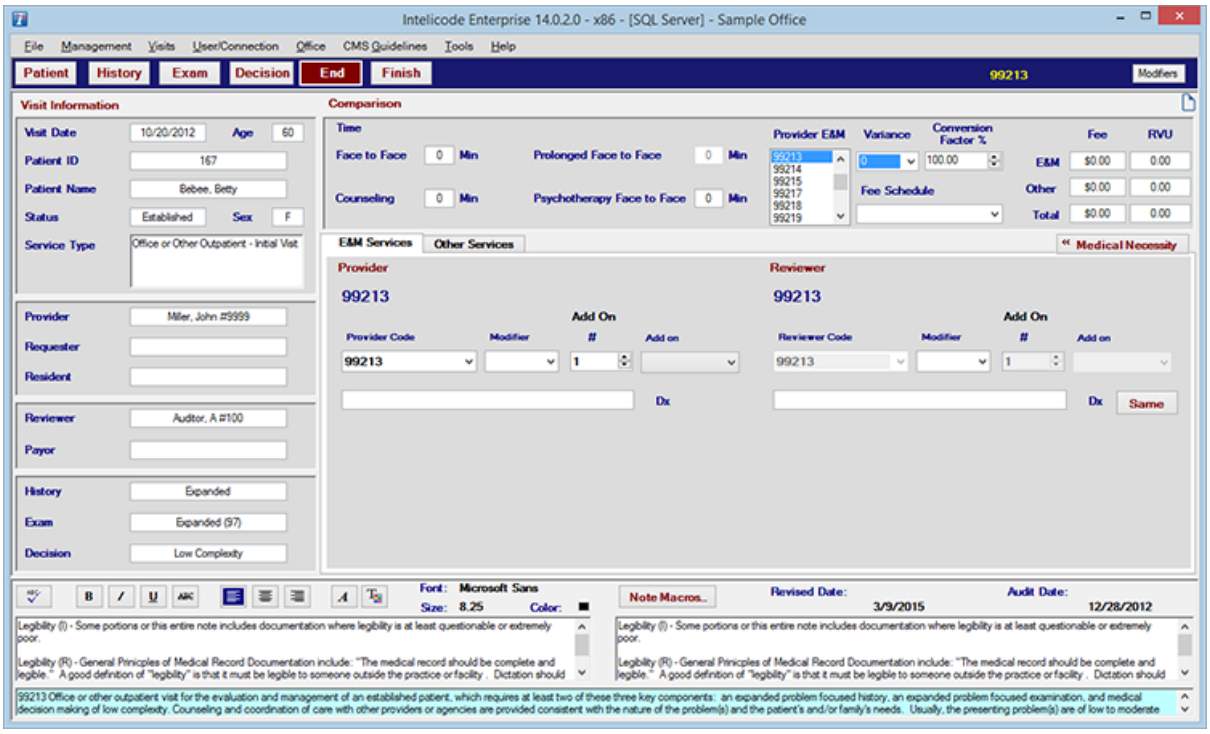
Intelicode Enterprise 14.0.2.0 - x86 - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End Finish
99213
Modifiers
Visit Information
Comparison
Visit Date 10/20/2012 Age 60
Patient ID 167
Patient Name Bebee, Betty
Status Established Sex F
Service Type Office or Other Outpatient - Initial Visit
Provider Miller, John #9999
Requester
Resident
Reviewer Auditor, A #100
Payor
History Expanded
Exam Expanded (97)
Decision Low Complexity
Time
Face to Face 0 Min
Prolonged Face to Face 0 Min
Counseling 0 Min
Psychotherapy Face to Face 0 Min
Provider E&M
99213
99214
99215
99217
99218
99219
Variance
Conversion Factor %
100.00
Fee Schedule
Fee RVU
E&M $0.00 0.00
Other $0.00 0.00
Total $0.00 0.00
E&M Services
Other Services
Medical Necessity
Provider
99213
Add On
Provider Code Modifier # Add on
99213 1
Dx
Reviewer
99213
Add On
Reviewer Code Modifier # Add on
99213 1
Dx
Same
Font: Microsoft Sans
Size: 8.25
Color:
Note Macros..
Revised Date: 3/9/2015
Audit Date: 12/28/2012
Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility . Dictation should
99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history, an expanded problem focused examination, and medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate

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9.8 Running Tally

Intelicode keeps a "running tally". You will notice the code changing as your **History**, **Exam**, and **Decision** levels change.

NOTE: Depending on the CPT code, the "key components" required, and the documentation, you may not see a code even after completing the audit.

EXAMPLE: A **Hospital Inpatient Services - Initial Hospital Care** (codes 99221-99223) requires documentation in each of the three key components

(**History**, **Exam**, and **Medical Decision Making**). A **99221** requires a **Detailed and Comprehensive History**, a **Detailed or Comprehensive Examination**, and a **Straightforward** or **Low Complexity MDM**. If you only document a **Detailed History**, an **Expanded Exam**, and a **Straightforward MDM**, for example, Intelicode will not give you a code.

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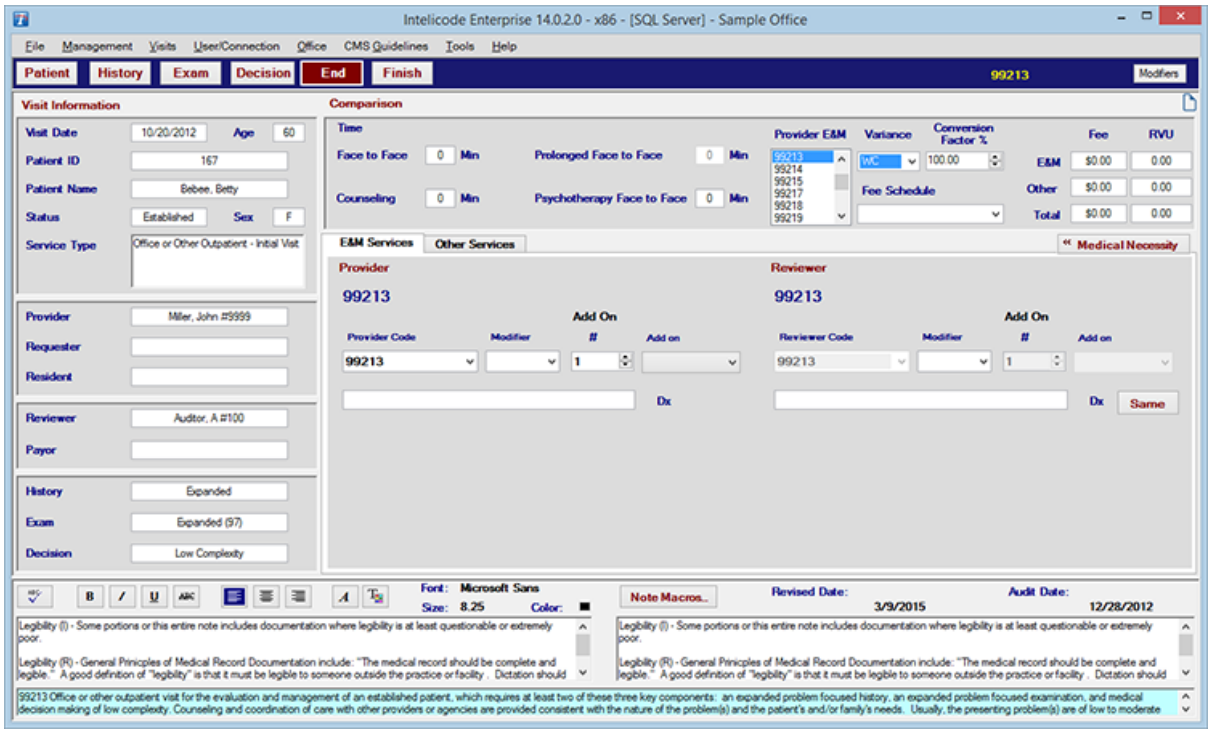
9.9 Wrong Category

In situations where the **Provider** billed the wrong category (i.e. a **99243** rather than a **99203**), Intelicode will calculate a **WC** rather than a **Variance**. The totals in **Visit Summaries** will reflect the **Total Wrong Category** in addition to the **Overbilled** and **Underbilled** visits.


Intelicode Enterprise 14.0.2.0 - x86 - [SQL Server] - Sample Office
File Management Visits User/Connection Office CMS Guidelines Tools Help
Patient History Exam Decision End Finish
99213
Modifiers
Visit Information
Visit Date 10/20/2012 Age 60
Patient ID 167
Patient Name Bebee, Betty
Status Established Sex F
Service Type Office or Other Outpatient - Initial Visit
Provider Miller, John #9999
Requester
Resident
Reviewer Auditor, A #100
Payor
History Expanded
Exam Expanded (97)
Decision Low Complexity
Comparison
Time
Face to Face 0 Min
Prolonged Face to Face 0 Min
Counseling 0 Min
Psychotherapy Face to Face 0 Min
Provider E&M
99213
99214
99215
99217
99218
99219
Variance
WC
Conversion Factor %
100.00
Fee Schedule
Fee RVU
E&M $0.00 0.00
Other $0.00 0.00
Total $0.00 0.00
E&M Services
Other Services
Medical Necessity
Provider
99213
Add On
Provider Code Modifier # Add on
99213 1
Dx
Reviewer
99213
Add On
Reviewer Code Modifier # Add on
99213 1
Dx
Same
Font: Microsoft Sans
Size: 8.25
Color:
Note Macros..
Revised Date: 3/9/2015
Audit Date: 12/28/2012
Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.
Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility . Dictation should
99213 Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history, an expanded problem focused examination, and medical decision making of low complexity. Counseling and coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate

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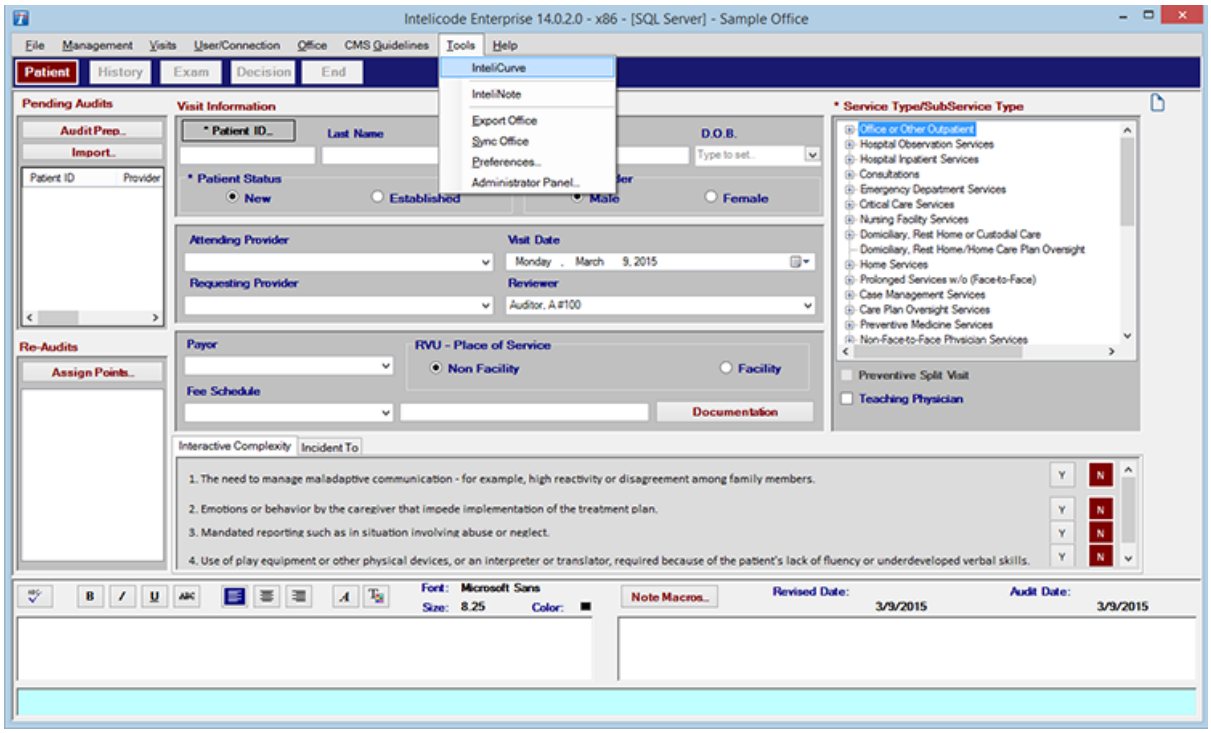
10 Additional Products

Now that you have seen what Intelicode offers, find out what other products are available from Intelicode to make your life as a coder easier.

10.1 InteliCurve

InteliCurve is an add-on product that creates National Bell Curve Reports. You can compare your physicians to others within your organization or to CMS National or Specialty data. Quickly show your physician where he is over-utilizing or under-utilizing his work. Evaluate InteliCurve for 15 days prior to purchasing. The evaluation will begin when InteliCurve is first launched.



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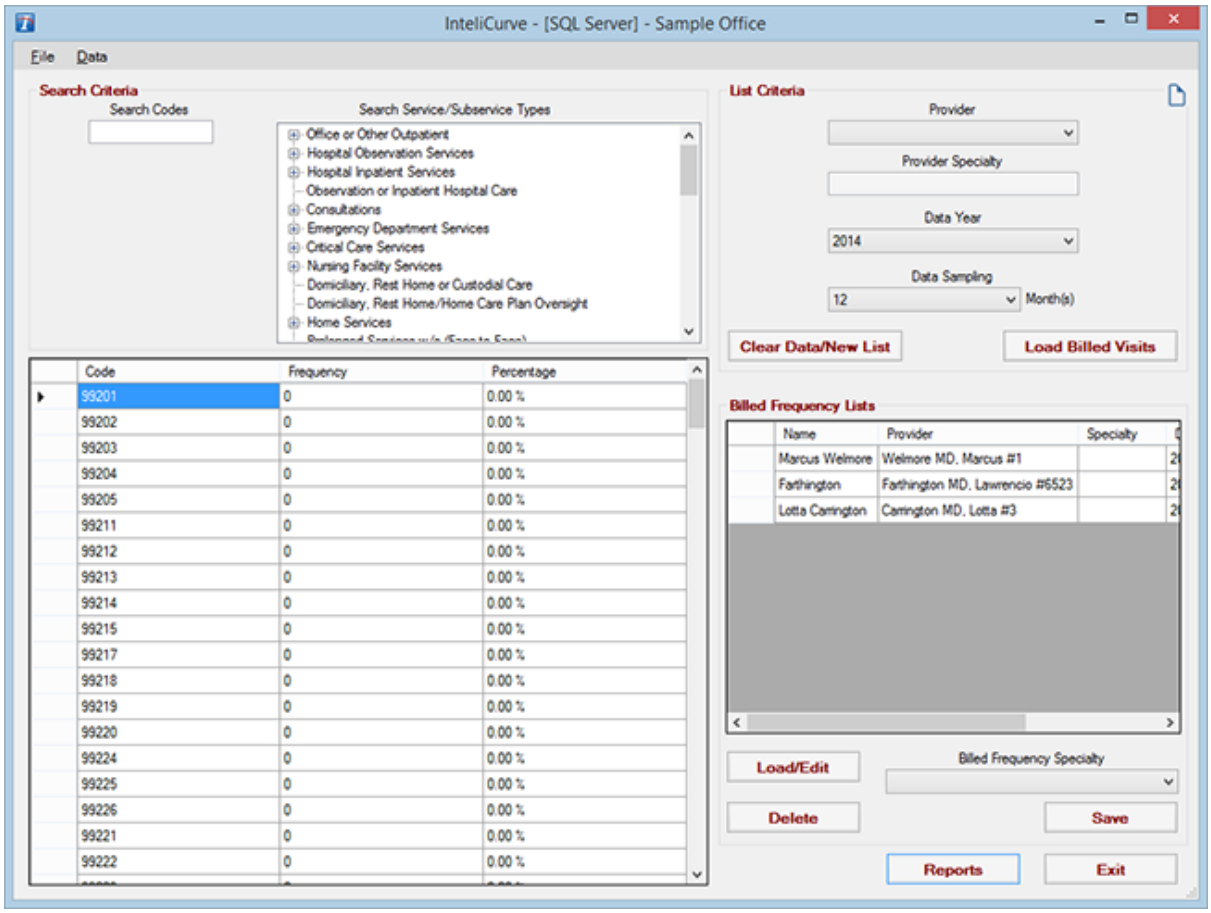

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10.1.1 Menu

- **File -** By clicking on File you can Exit InteliCurve.
- **Data -** Here you can Import and Export a list of Utilization/Billed Frequencies.
  - **Importing Utilization/Billed Frequencies -**
    - ✍ You can import utilization/billed frequencies from a **Microsoft Excel Spreadsheet (.xsl, .xslx)**, or

from a **Comma Separated Value File (.csv)**.

- Click on the **Import Utilization/Billed Frequencies** menu option. The **Open** window will pop up.
- Browse to the location of the file you wish to import.
- Using the drop down box in the lower-right portion of the **Open** window, choose the file type of the file you wish to import.
- Next, select the file by clicking on it.
- Click the **Open** button to import the file.
- You will be prompted, "Does this file have headers?" If the top row in your spreadsheet or CSV file is made up of column headings, click **Yes**. Otherwise, click **No**
- If you clicked **Yes**, you will be prompted to match up the fields in your file to the static **Patient** table fields. Read the text in the light blue box at the bottom of the **Import Fields** window for further instructions. Click **OK** when you are confident that the fields are matched up properly.
- If you clicked **No**, you will need to match the column name to the column in your data. You can do this by right-clicking on a field and matching it up to the number of the order in which it appears in your data. The order begins with "0".
- Your imported data will appear in the grid below.

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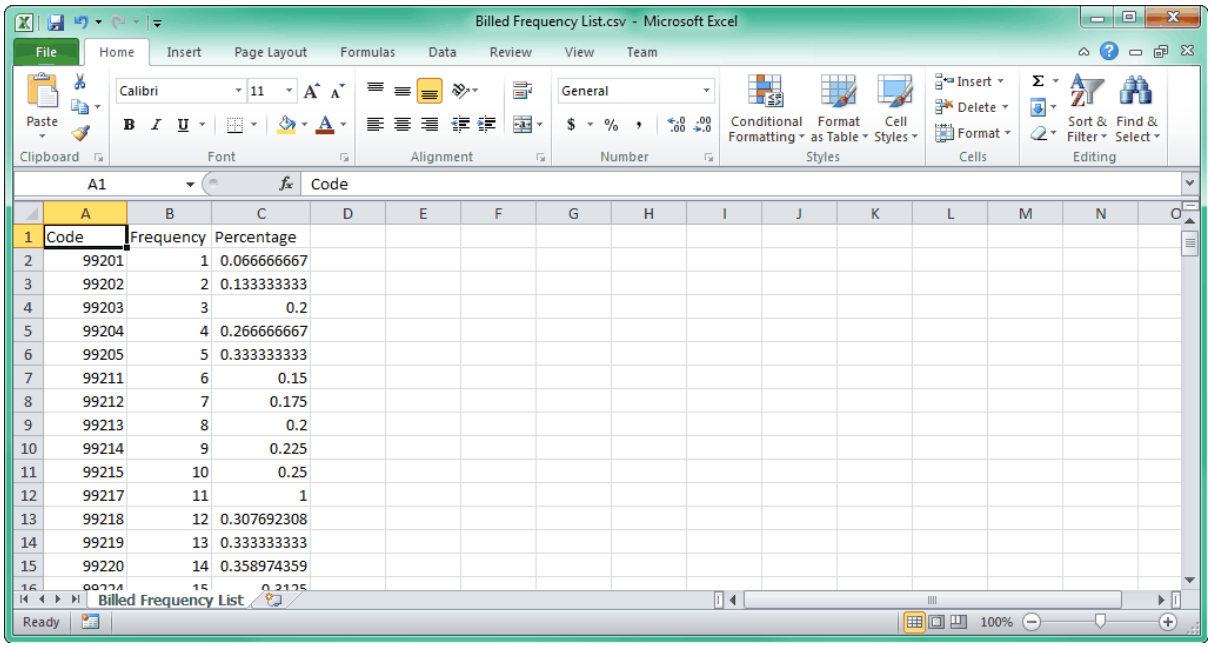

	A	B	C
1	Code	Frequency	Percentage
2	99201	1	0.066666667
3	99202	2	0.133333333
4	99203	3	0.2
5	99204	4	0.266666667
6	99205	5	0.333333333
7	99211	6	0.15
8	99212	7	0.175
9	99213	8	0.2
10	99214	9	0.225
11	99215	10	0.25
12	99217	11	1
13	99218	12	0.307692308
14	99219	13	0.333333333
15	99220	14	0.358974359

- **Exporting Utilization/Billed Frequencies -**

  - If you'd like to export your **Utilization/Billed Frequency List** grid to a **Comma Separated Values (.csv)** file, click the **Export Utilization/ Billed Frequencies** menu option.

  - Browse to the location in which you would like to save your exported .csv file.

  - Type in a file name for this file in the text box to the right of the **File Name** heading toward the bottom of the window.

  - Click **Save** to save the .csv file.

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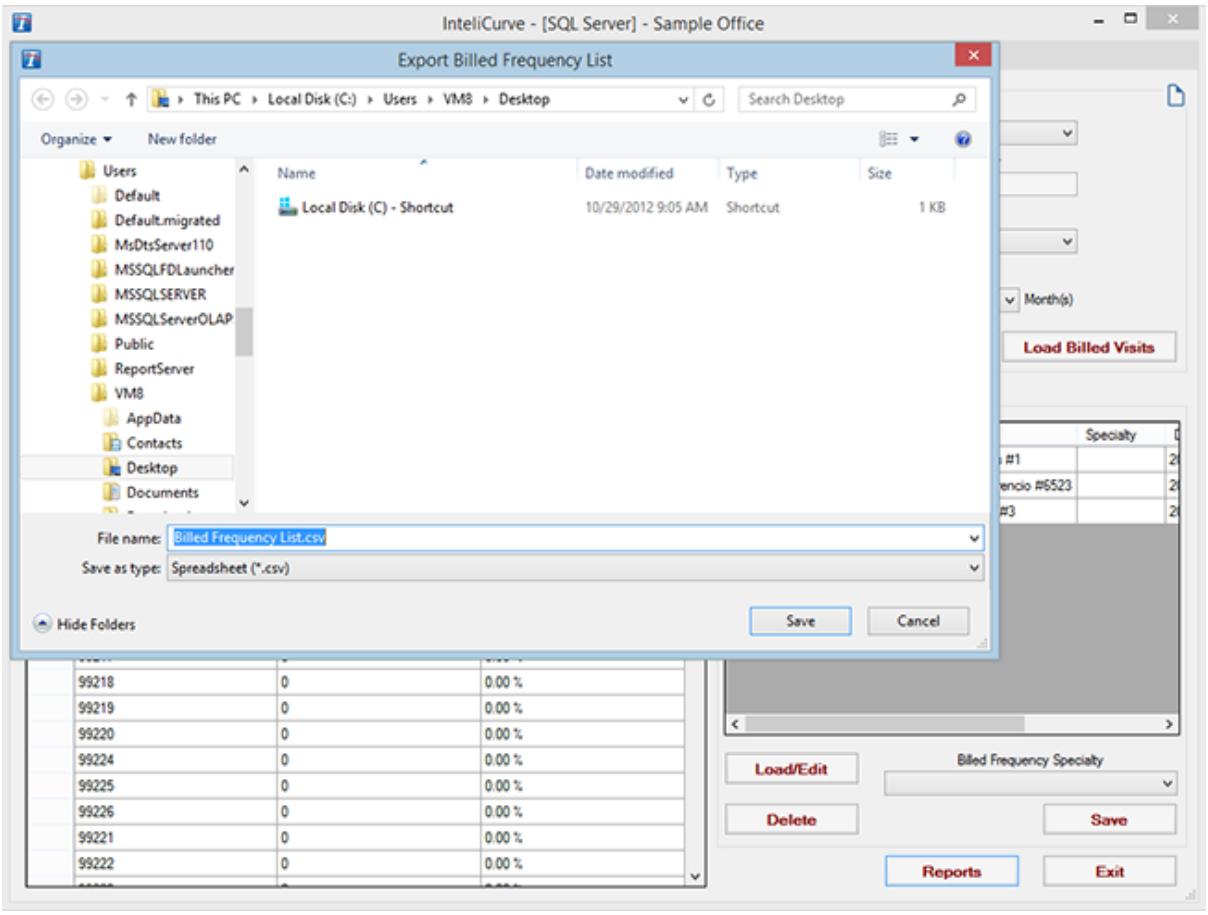

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10.1.2 Search Criteria

- **Search Codes -** You can type in any code that is available in Intelicode here. As you type in a code, the grid will search the codes for you (eg. if you type 993, the grid will display 99304). As you type the results in the grid become more refined.

- **Search Service/Subservice Types -** You can examine the lists of codes either by Service Type and/or by Subservice. Check the boxes next to the Service Type and/or Subservices you wish to see

displayed.

- **Code, Frequency, & Percentage -** Here is the list of codes along with the frequency used and the percentage therein. When frequency changes in the grid, so does the percentage.

  The percentage takes a range of codes (e.g. 99201-99205) and calculates the percentages by taking the individual frequency divided by the total frequency for that range of codes. The selections of codes that InteliCurve calculates are based upon Service and Subservice Types.

  For example, 99224-99226 are taken from Hospital Observation Services (Service Type) and Subsequent Observation Care (Subservice). Another example is 99234-99236 and these codes are from Observation or Inpatient Hospital Care only since there is no Subservice.

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10.1.3 List Criteria

- **Provider -** When you select a Provider, the specialty loads automatically for you, but it can be changed here at any time.
- **Data Year -** This is the year that the Service Types, Subservices, and Codes are based upon. When the Year changes so does the Service Types, Subservices, and Codes respectively.

- **Data Sampling (Months) -** There are numbers 1 through 12 in this drop down box for you to use. How they work is as follows: Selecting '1' would show January only. Selecting '2' would show January through February. Selecting '3' would show January through March and so forth. The number you select would look at the respective months within the Data Year to help find any visits that were billed in that time frame.
- **Clear Data/New List & Load Billed Visits -**
  - **Clear Data/New List -**
    - ✍ Clears the grid/list and allows you to create a new one from scratch.
  - **Load Billed Visits -**
    - ✍ This will load the Billed Visits (visits with a Provider E&M Code) from the Office you are connected to, into the grid in InteliCurve for Frequency.
    - ✍ It will be based upon the Data Year and that Data Sampling that you had selected previously.

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10.1.4 Billed Frequency Lists

- **Lists that are created -** Shows the lists that you have created and saved.
- **Delete -** This will delete the selected list(s) you have chosen from the

Main List.

- **Load/Edit -** This will load a list that you created and saved from the list into the grid for you to view and/or edit at any time.
- **Save -** The Save button will save the grid and put into a list on the right side once you give it a name.
- **Reports -** The Reports button will take you to the Reports Options Screen in InteliCurve. See the Print Report Options help page for further clarification.
- **Close -** If you click the Close button, InteliCurve will close and you will be back on the Intelicode Screen you were last on.

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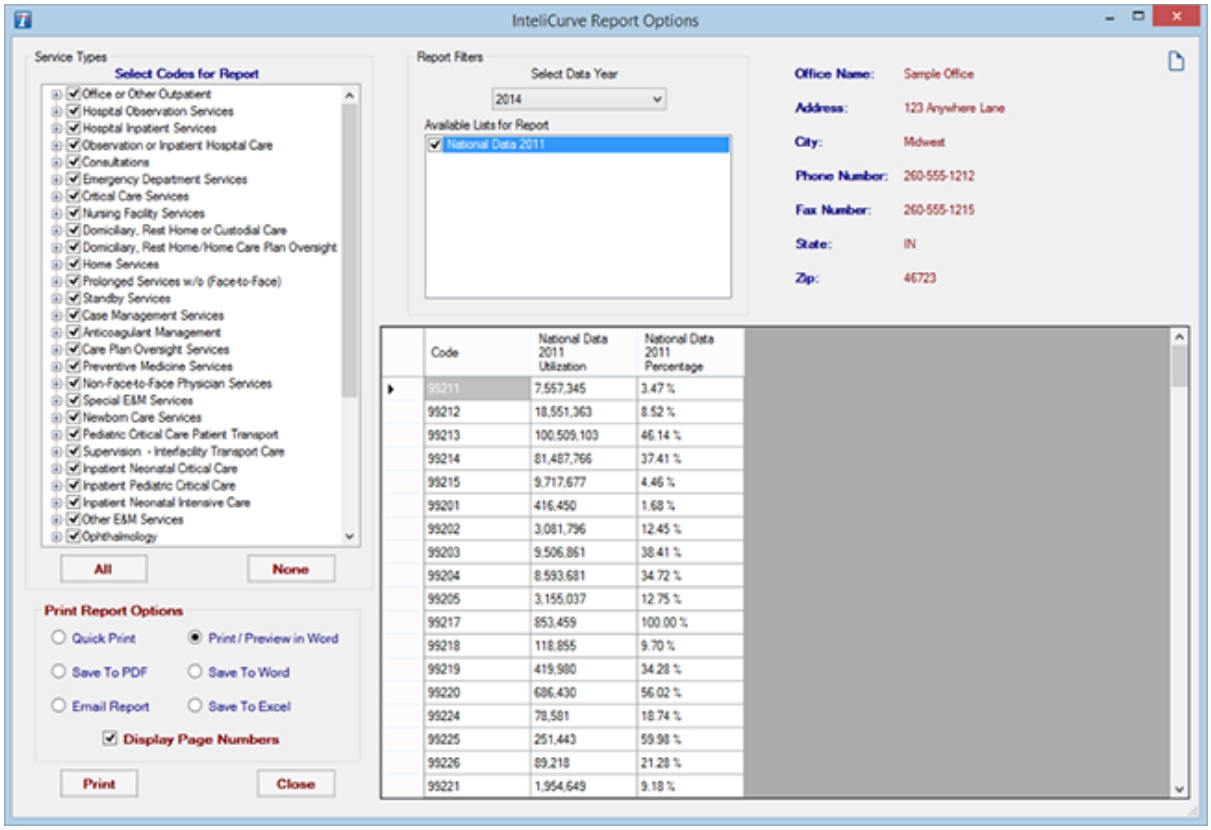
10.1.5 InteliCurve Reports

The following topics show the functionality of the InteliCurve Reports.

10.1.5.1 Print Report Options

- **Quick Print -** Prints the Bell Curve Report to your Default Printer.
- **Print/Preview in Word -** Allows you to print multiple copies of the Bell Curve Report along with Previewing the Report before Printing as seen below.
- **Save to PDF -** Saves the Bell Curve Report to PDF Format.
- **Save to Word -** Saves the Bell Curve Report to DOCX Format.
- **Save to Excel -** Saves the Bell Curve Report to XLSX Format.

- **Display Page Numbers -** When this is checked the Page Numbers will be displayed on the Report. If it is unchecked, the page numbers will not appear.
- **Print -** Prints with the method chosen above.
- **Close -** Clicking this will close the InteliCurve Report Options, and will bring you back to the Main Page of InteliCurve.



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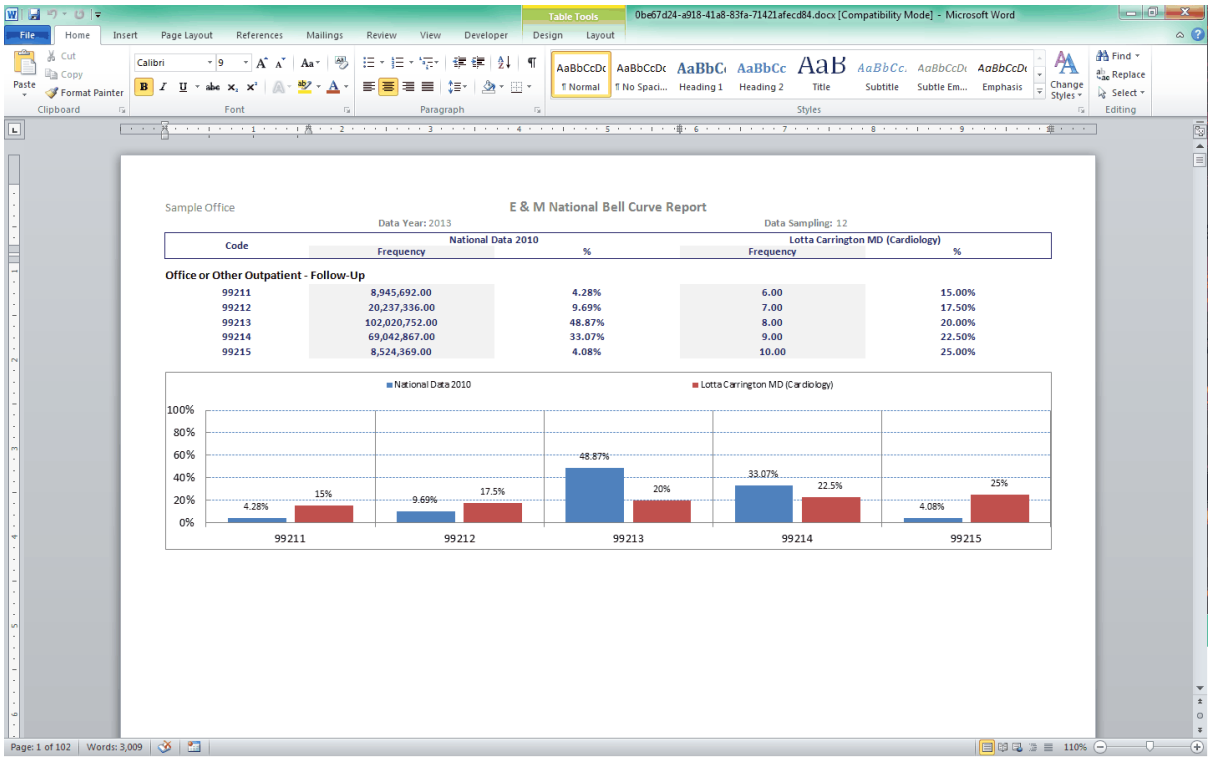

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10.1.5.2 Service Types

- **Select Codes for Report -**

  At the top left of this screen you will see the Select Codes for Report. Here you can select what Service Types and/or Subservices you wish to report on by checking the corresponding checkboxes.

  - **All -**

    ✍ If you click the All button, all checkboxes will be checked and therefore all Codes will be in the Report.

- **None -**

  ✍ If you click the None button, all checkboxes will be unchecked and no Codes will be in the Report.

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10.1.5.3 Report Filters

- **Select Data Year -** This function allows you to select the Year you wish to view, both for the Reports that you can select and the Codes on the left side.
- **Available Lists for Report -** You need at have at least 2 lists on the Report selected and you can have up to 5 to compare against at one time. You cannot have just 1 or more than 5 selected.
- **Office Info -** This is the information about the Office you are logged into and it loads automatically. You will see the Office Name, Address, City, Phone Number, Fax Number, State, and Zip.

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10.1.5.4 Report Grid

This will load the codes automatically based upon your selections for the Codes on the left side and the Data Year. It will also load the information from the lists you check in the Available Lists for Report. You can sort by column by clicking on the column (e.g. Click the Code column to sort by code).

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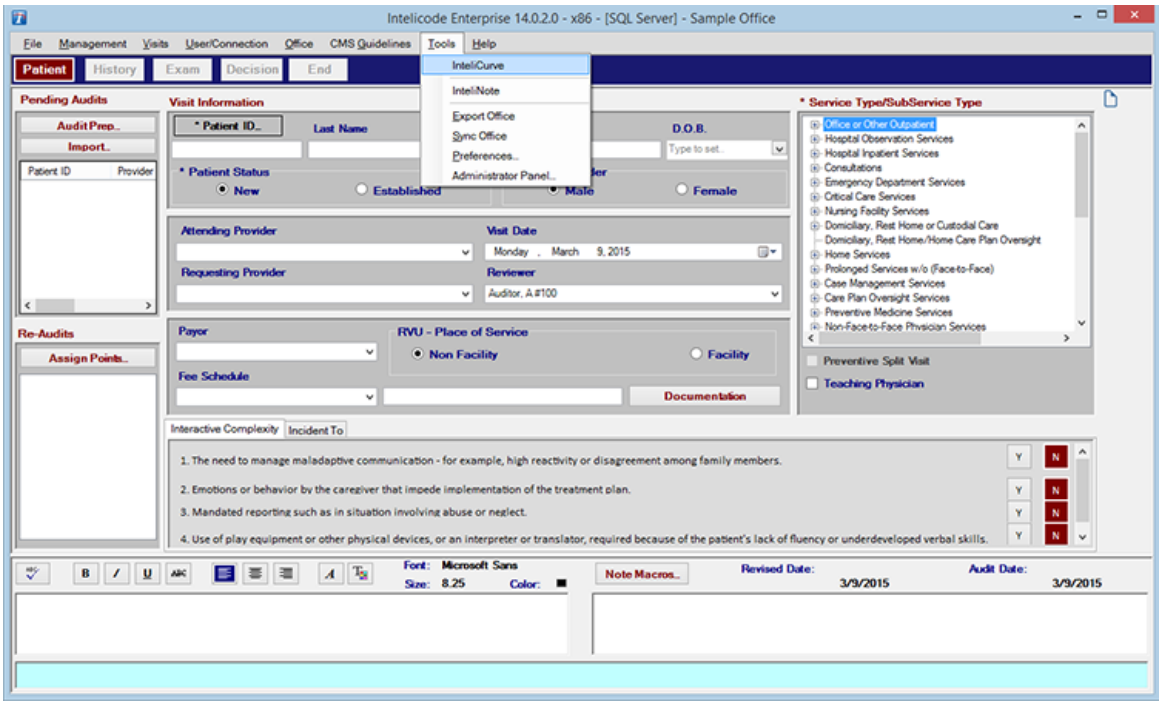
10.1.6 InteliCurve Walkthrough

1. Let's Login and then go to Sample Office
   a. If you don't have access to Sample Office or have a different Office you wish to follow this walkthrough with, please do so.
   b. NOTE: The screenshots that we take may not match what Providers and/or Billed Frequency List you may have.
2. Click Tools then InteliCurve



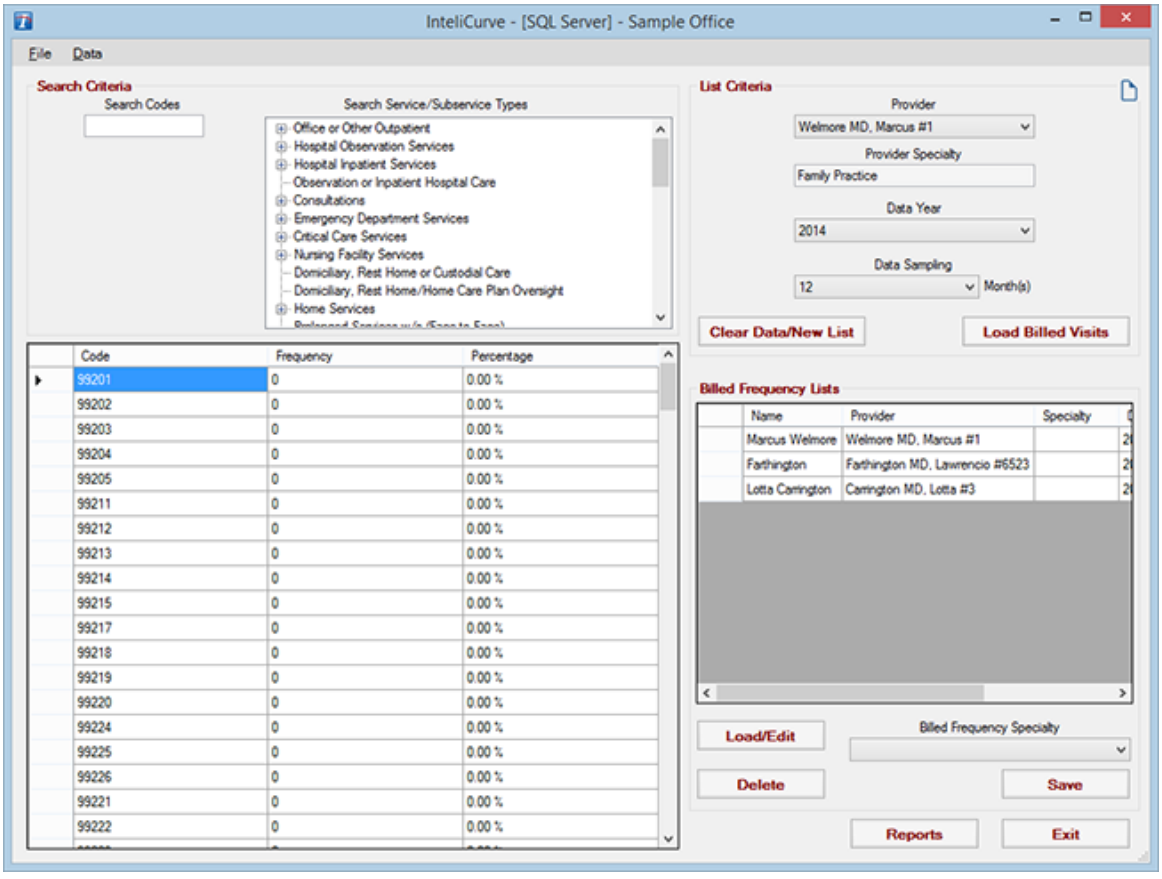
3. If you are prompted that you only have so many days left, please click Ok.
   a. If you cannot access the InteliCurve either by being told your trial is

over, if your license has expired, or if InteliCurve is not in the menu above, please either contact us or contact the Administrator for the company.

b. If you need to purchase a license for InteliCurve or need an extended time to demo the product, call 1-800-786-4231 and ask for Sales.

4. First, select the Provider you wish to create a Billed Frequency List for. The Billed Frequency List is a list of frequencies and percentages for codes that you can compare against the National Data or a certain specialty from the National Data.

5. The Provider Specialty should load the Default Specialty that you have assigned to that Provider. If it is blank, that means that no default has been set for that Provider.



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6. Select the Data Year when the audits were done that have a Billed (Provider) Code assigned to the visit(s). This will also load codes on the left side that you load or enter frequencies into at any time.
7. Next we will select the Data Sampling which the numbers are months. To understand more about what the numbers mean here are some examples: 3 means January-March, 8 means January-August, and so forth.
8. If you do have any visits that do have a Billed (Provider) Code assigned to it then click Load Billed Visits. This will load all those visits corresponding to the Data Year you put in earlier.
9. If you want to load in numbers into the Frequency and Percentage list that are not in Intelicode yet, click Data then Import Utilization/Billed Frequencies. This will open a browse window where you can select an Excel file (.csv, .xls, & .xlsx) and put it into the InteliCurve.
    a. For more information about the Importing Process see Menu under the InteliCurve Main Page.
    b. You must import no sooner than this step. If you change the Data Year, the Data Sampling, or the Provider, then the list will be automatically cleared and you will have to reenter the data again.

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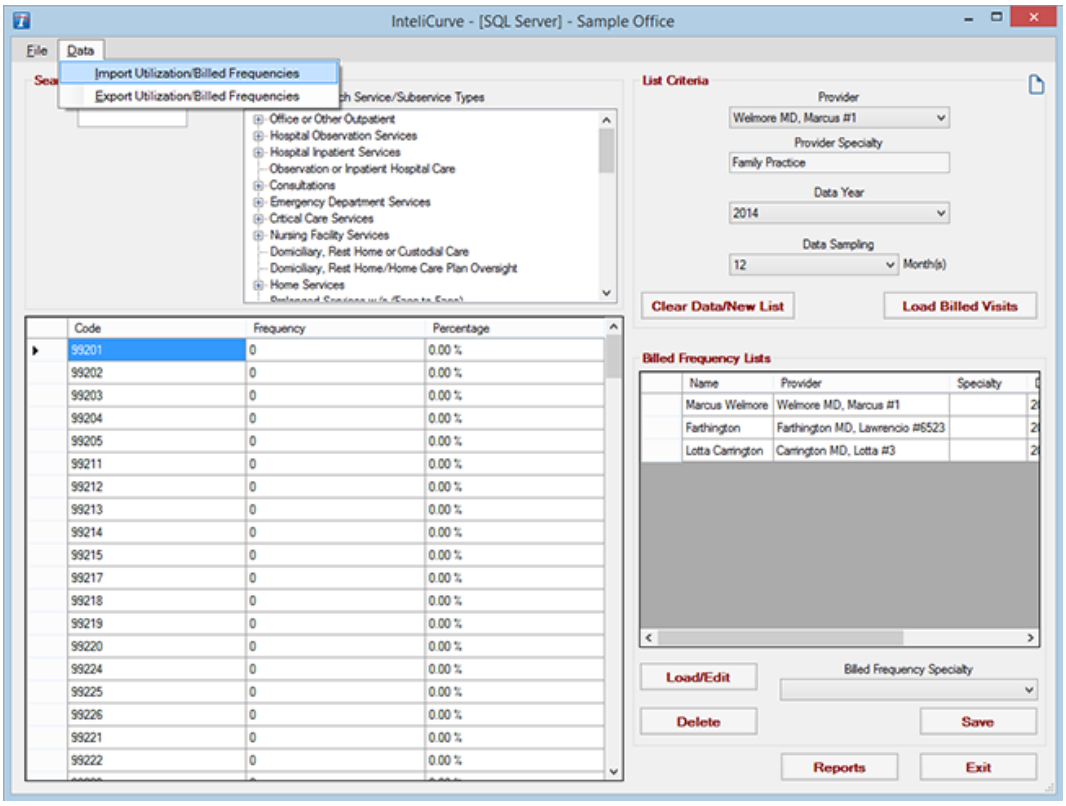

10. If you want to start over at any time click Clear Data/New List which will clear the Frequencies, Percentages, the Provider, and Provider Specialty automatically.

    a. NOTE: Don't do this without clicking Save prior or you will have to reselect all information.

11. Once you done with your list, click on the Billed Frequency Specialty dropdown. This is the specialty that you can select to compare against the National Data and/or the specialty within the National Data. This Specialty can also be the same or different from the specialty assigned to the Provider.

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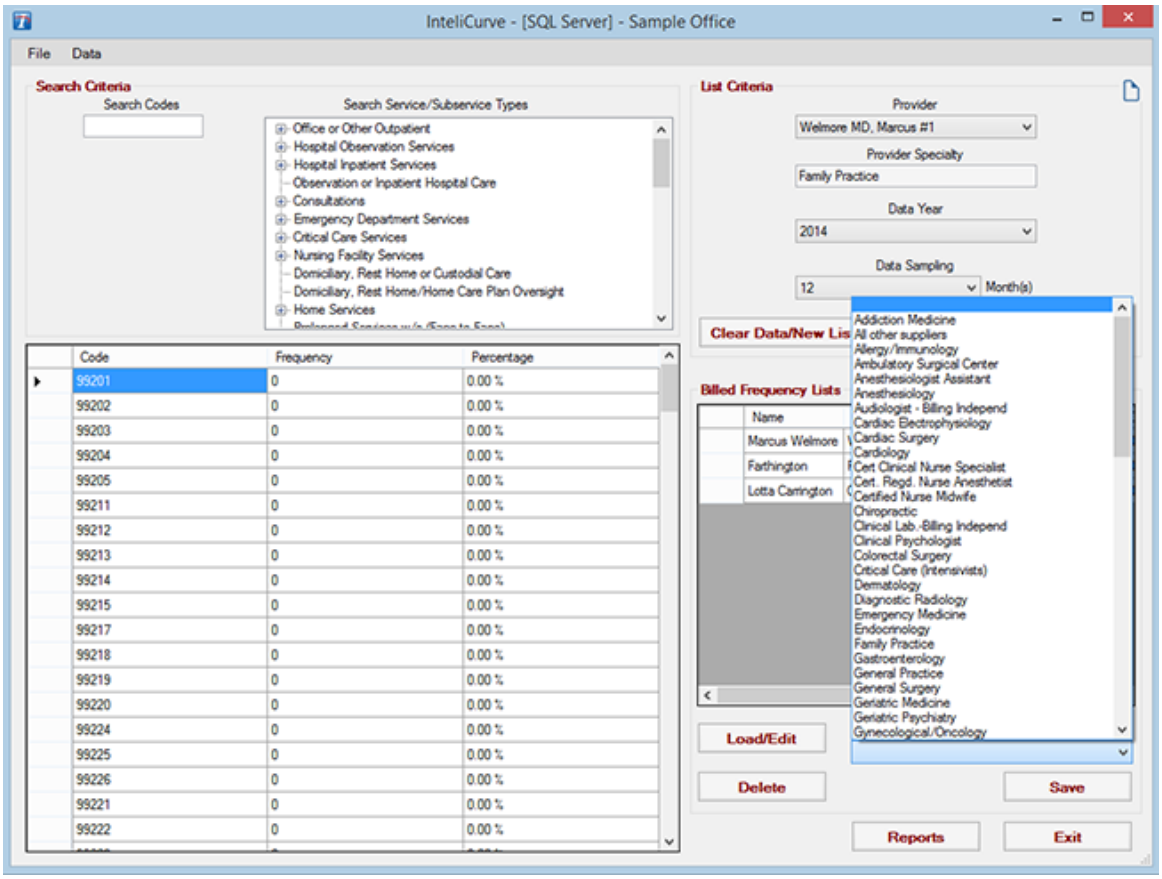

12. Now that our list is complete, click Save. Now you would just name it in a way that is identifiable. Click Ok when satisfied with the name you have given it.

    a. Click Cancel if you don't want to Save or Name the List at that time.

13. If you wish to open a Billed Frequency List you can either double-left click the List or single-left click the list then click Load/Edit. Either way will load the list back in with all info you saved it with. You can edit it at any time; just remember to click Save again to save any changes.

14. If you wish to exit InteliCurve, click the Exit button or File in the Menu above then Exit.

15. To view the reports you can produce from InteliCurve, click Reports.

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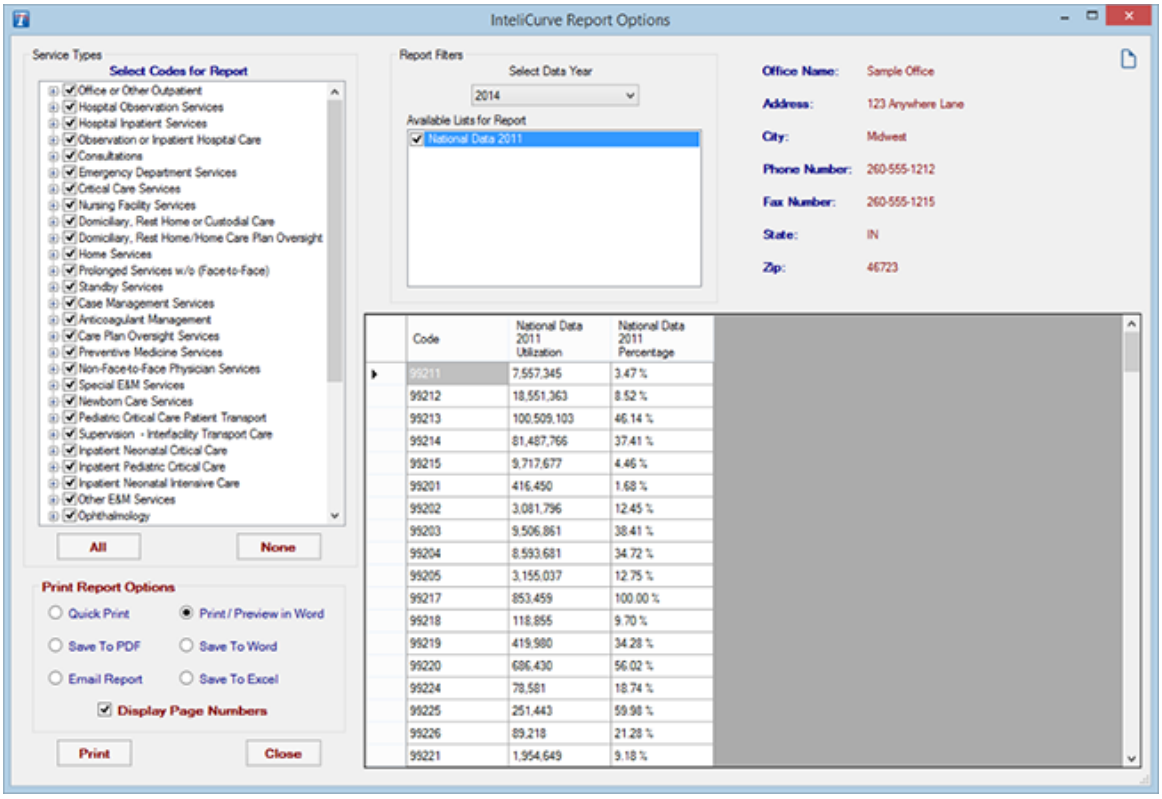
16. Once you click Reports you will be taken to the InteliCurve Report Options



17. First thing you want to do is Select Data Year to load in the Lists you created into the Available Lists for Report.

18. Next you would select the Available Lists for Report. In this list should be every list you created for that year along with the National Data and the National Data followed by a specialty. An example of the National Data with a Specialty is this: National Data 2011 (Neurology). This means that the frequencies and percentages in that list are only for Neurology from the National Data 2011.

    a. You can select anywhere from 2 lists to 5 lists to print at a time. More than 5 would be too much to piece apart easily. Only one list would have nothing to compare to. Either way you will be prompted

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by Intelicode to have either more than one selected or less than 6 selected.

19. The Office info is on the right side in red and cannot be edited in InteliCurve. You should see the Office Name, Address, City, Phone Number, Fax Number, State, and Zip.

20. You can select any, all, or no codes to report on if you like. You can do this by checking and unchecking the checkboxes on the left side under Select Codes for Report. This is a tree view so you can click the '+' symbol to expand and see Subservices and/or codes to add to or subtract from the report. You can also click All to select all codes or None to unselect all codes.

21. Finally select which Print Report Option you would like to use. InteliCurve offers the same as Intelicode. Just click Print when you are ready to print.

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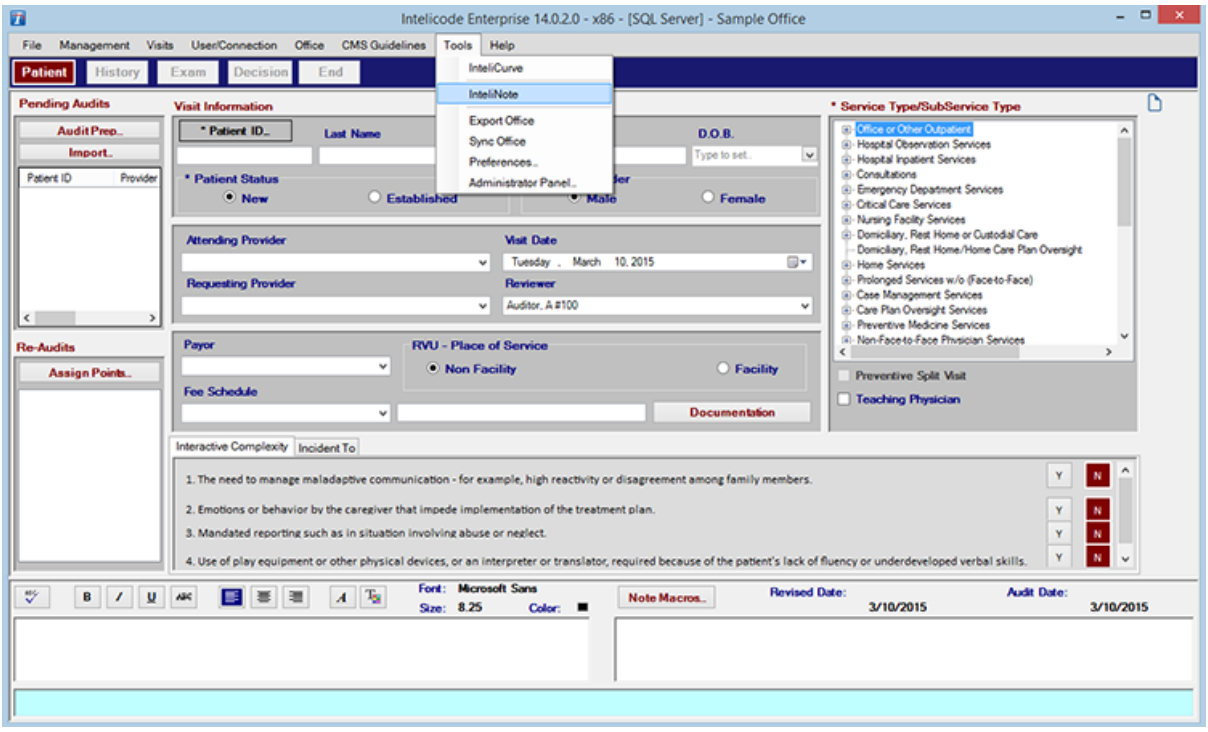
10.2 InteliNote

InteliNote allows you to add an image or document to any visit. Show your team exactly where you documented ROS, HPI, exam elements, etc. InteliNote is an add-on product. Like InteliCurve, it can be evaluated free for 15 days. The evaluation begins when InteliNote is first launched.



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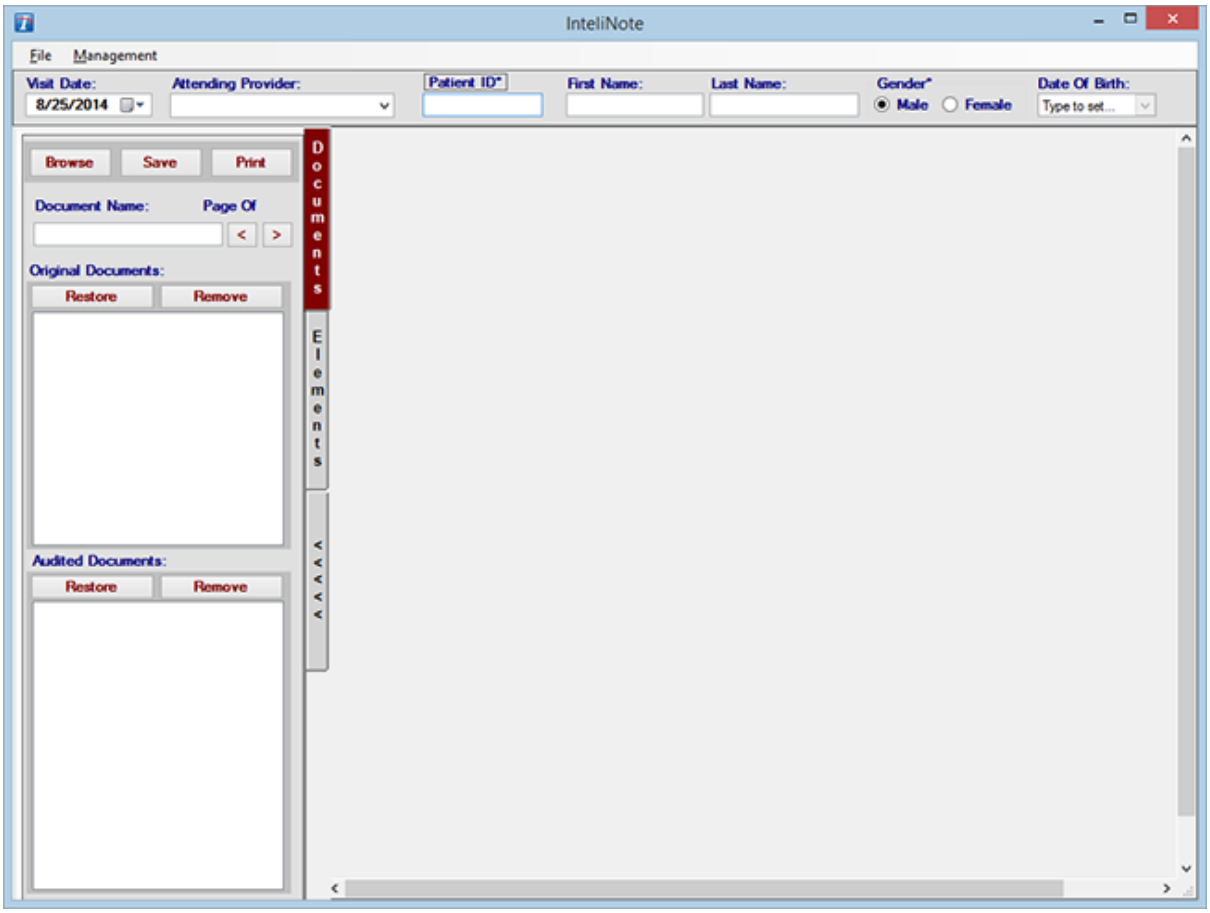
10.2.1 Main Screen

On this screen you can change the Visit Date, select an Attending Provider, and put in a Patient ID (which will put in the First Name, Last Name, Gender, and DOB automatically if the Patient exists). If a patient doesn't exist, please create it in the Patient Management Screen before this.



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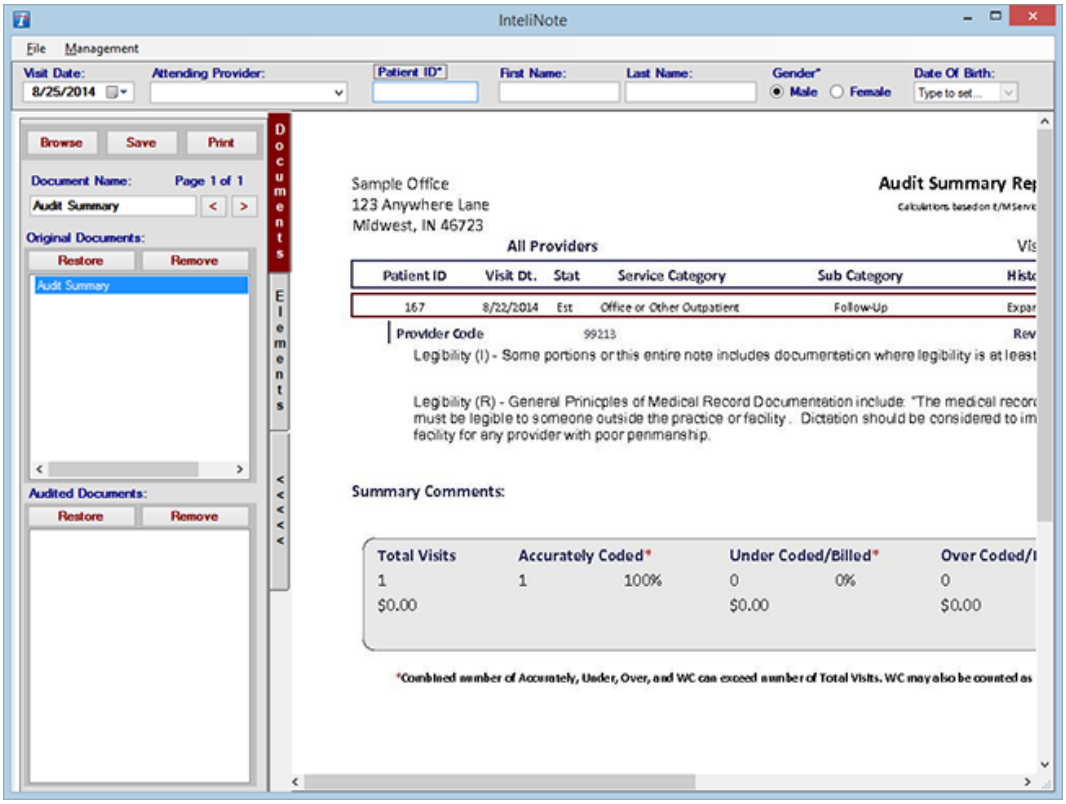
10.2.2 Documents

- There are three buttons on the top here: Browse, Save, and Print. Browse opens a window to locate the file you wish to insert into InteliNote. Save allows you to rename you image or document name at any time. Print allows you to just print the image or document selected along with any elements selected.
- Document Name is where you would change the name if you wish to. Simply click in the Document Name box and retype the name, then click Save. The Page Of allows you to flip pages of a multiple page document if you insert one. This will show what page you are on and how many total there are.

- Original Documents
  - Browse (Restore) allows you to find an image or document you removed from the Original Document list.
  - To remove an image or document from the Original Document, click the one you wish to remove and then click Remove.
  - Anything you have put into the InteliNote via Browse at the top will show in the Original Document box.
- Audited Documents
  - Browse (Restore) allows you to find an image or document you removed from the Audited Document list.
  - To remove an image or document from the Audited Document, click the one you wish to remove and then click Remove.
  - Any image or document you have added elements to will be here in the Audit Documents box.



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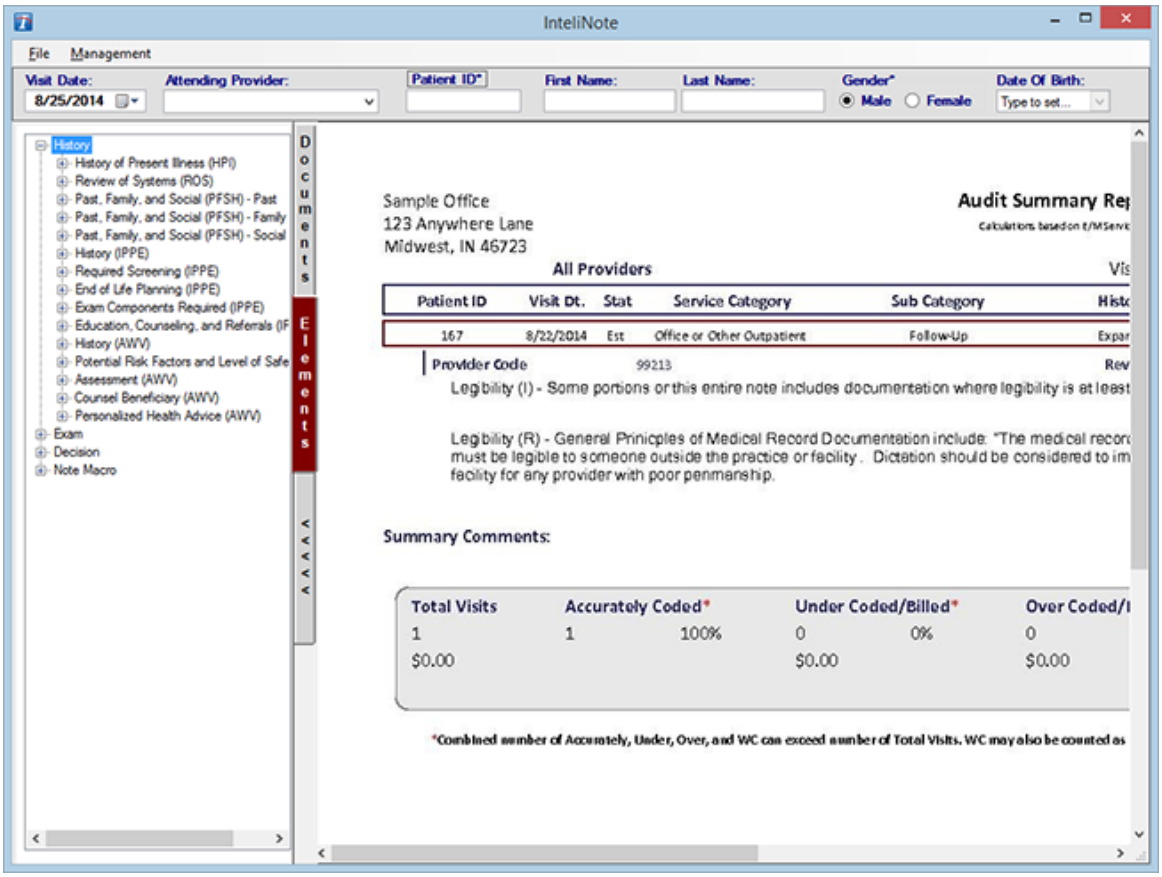
10.2.3 Elements

- The elements that you can select are in a tree view. All elements of History, Exam, and Decision are there along with Note Macros. What you would do is select an element by clicking the '+' sign next to where the element resides (eg, History, History of Present Illness (HPI), Location). Once you select the element move the mouse over to the image or document and draw a box over what you like. As you add elements to the image or document it will also check or add those elements in Intelicode.
- Boxes cannot overlap each other in any way. You can resize by moving your mouse to either the top left or the bottom right corners to find the arrow cursor which will allow you to resize it. You can also move it by not having the cursor in one of those corners to where it looks like 4 arrows pointing in different directions. Hold down the mouse button after you click on the box and then move and let go of the button when the box is where you want it.
- You can also change or remove a box at any time. To change, select the element you want to change the box's element to and then right click on the box and then click Change to the select element. To remove, right click on the box you no longer want to have and then click Remove. This will not only remove it from the image or document, but also Intelicode as well.
- If you are using this in Audit Prep and wish to go back to the Audit Prep screen after you finish with the image or document you attached, just close out of the InteliNote window.



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10.2.4 Reports

- Clicking Print in the InteliNote will, as stated previously, print only the image or document along with any elements in the image or document.
- The Encounter Detail Report will print any image or document attached to the visit automatically.
- The Audit Summary has the option for you to add the image or document to the report for each visit in the Visit Summaries that has an image or document attached.

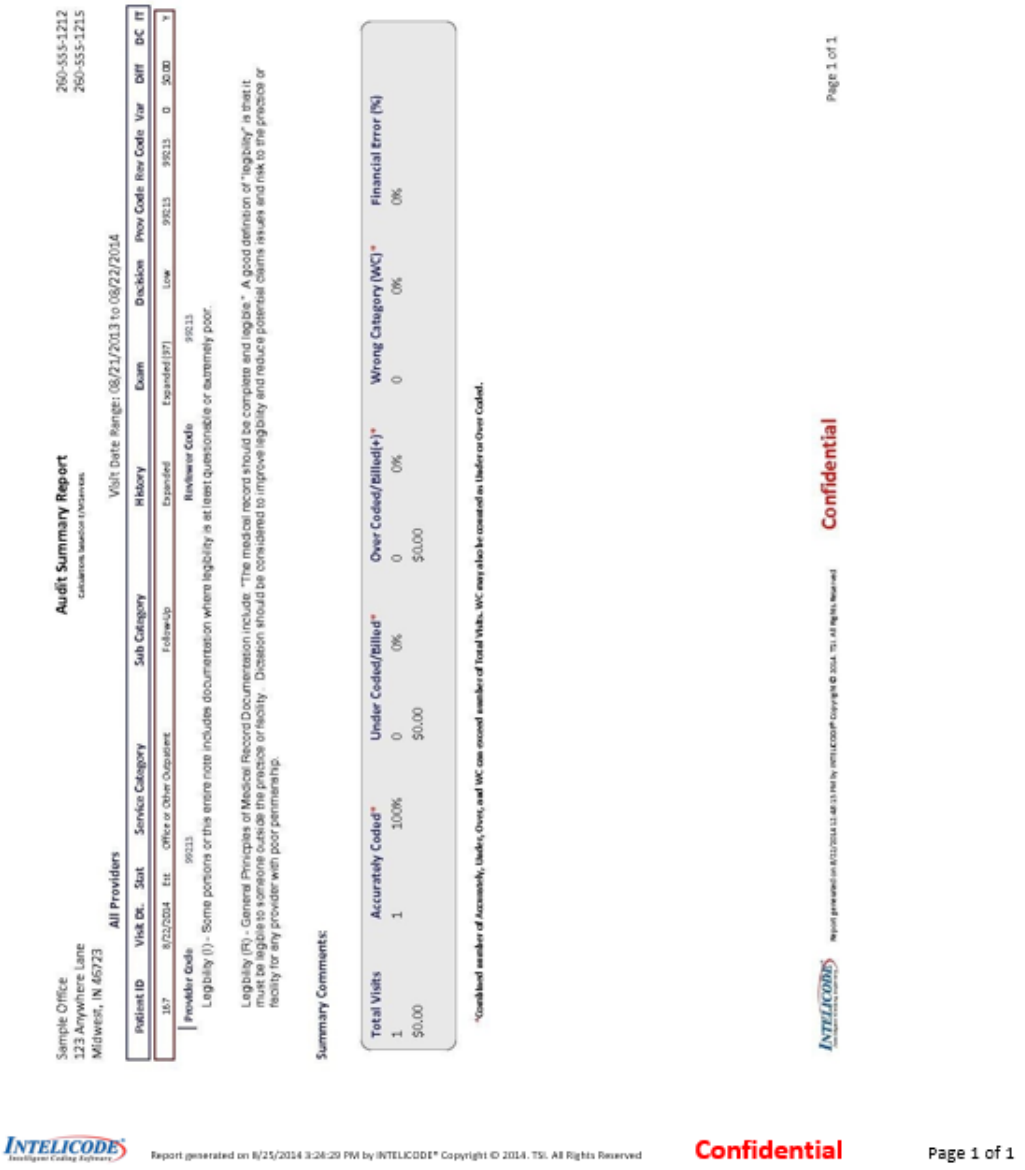
Sample Office
123 Anywhere Lane
Midwest, IN 46723

InteliNote Report

260-555-1212
260-555-1215

Patient ID:	Patient Name:	Gender:	DOB:	Visit Date:	Attending Provider:
		Male		8/25/2014	

Attached Document - Audit Summary - Page 1



Audit Summary Report

Visit Date Range: 08/21/2013 to 08/22/2014

All Providers

Patient ID	Visit Dt.	Stat	Service Category	Sub Category	History	Exam	Decision	Prov Code	Rev Code	Var	Diff	DC	IT
187	8/22/2014	Est	Office or Other Outpatient	Follow-Up	Expanded	Expanded (EP)	Low	99213	99213	0	30.00		
Provider Code	99213				Reviewer Code	99213							

Legibility (I) - Some portions or this entire note includes documentation where legibility is at least questionable or extremely poor.

Legibility (R) - General Principles of Medical Record Documentation include: "The medical record should be complete and legible." A good definition of "legibility" is that it must be legible to someone outside the practice or facility. Decision should be considered to improve legibility and reduce potential claims issues and risk to the practice or facility for any provider with poor penmanship.

Summary Comments:

Total Visits	Accurately Coded*	Under Coded/Billed*	Over Coded/Billed(+)*	Wrong Category (WC)*	Financial Error (%)
1	1 100%	0 0%	0 0%	0 0%	0%
$0.00		$0.00	$0.00		

*Combined number of Accurately, Under, Over, and WC can exceed number of Total Visits. WC may also be counted as Under or Over Coded.

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260-555-1212
260-555-1215

Sample Office
123 Anywhere Lane
Midwest, IN 46723

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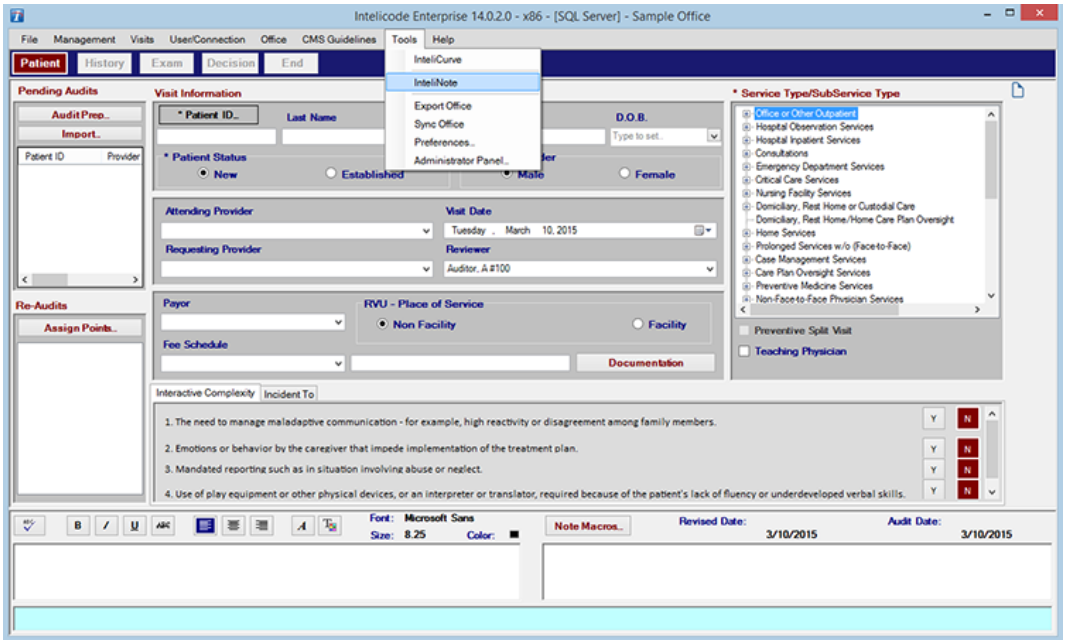
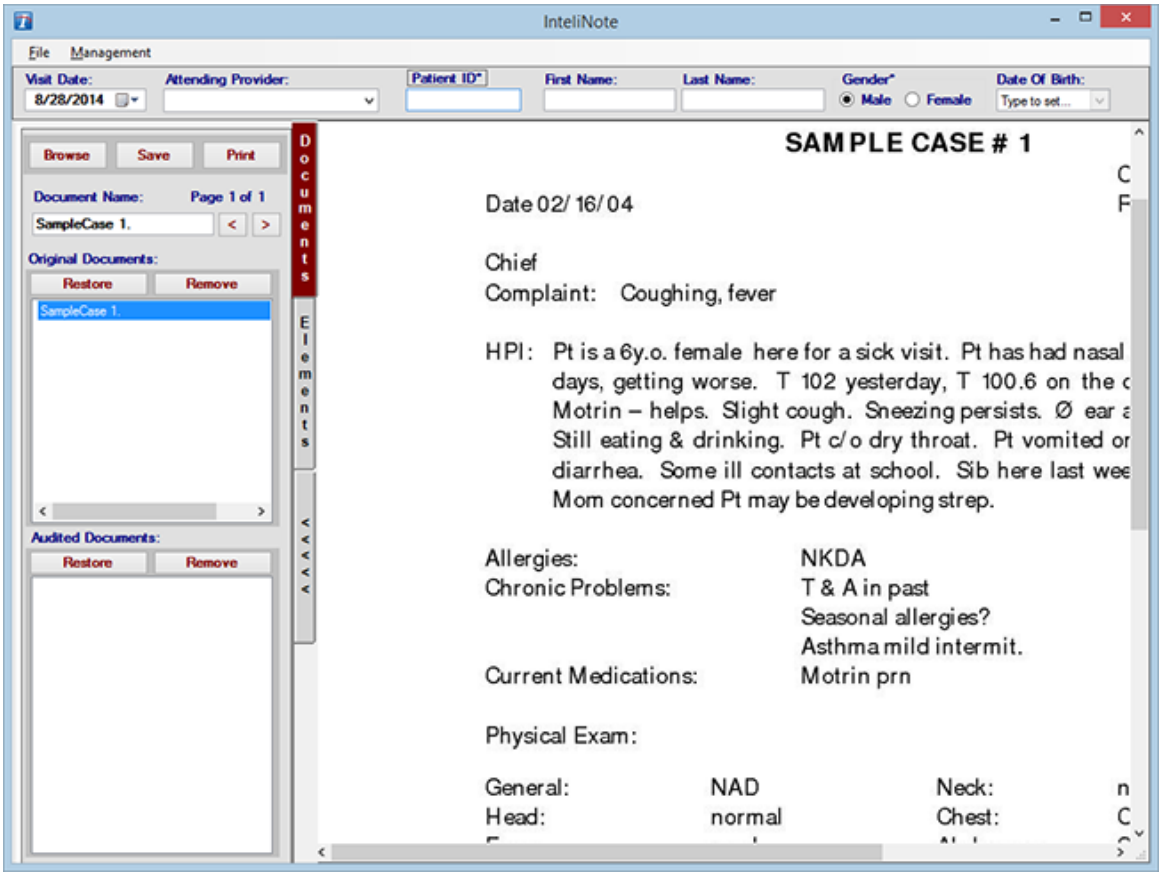
10.2.5 InteliNote Walkthrough

1. Let's login and then go to Sample Office.
2. Click Tools then InteliNote
   a. This is only one way to access InteliNote, if you want to you can also access it via the Documentation button on the Patient Screen or you can access it also when doing an Audit Prep.
   b. If you are wondering about InteliNote without Audit Prep being involved, skip to step # 4.



3. Click Audit Prep and then put in the information you would like (for more regarding Audit Prep see the Audit Prep section in the Patient Screen under Navigation). Once you are ready to assign a document or image click the Documentation button. This will open the InteliNote for you to use

4. Once InteliNote is open, you can either click Browse to open a window that will allow you to open an Image or Document in InteliNote. You can also drag and drop an Image or Document in the InteliNote at any time to add it to a list you can add elements to.



5. Once you have a document or image loaded into InteliNote in the Original Documents list, you can select it to add elements to it. You can do this by a single-left click on the image or document.

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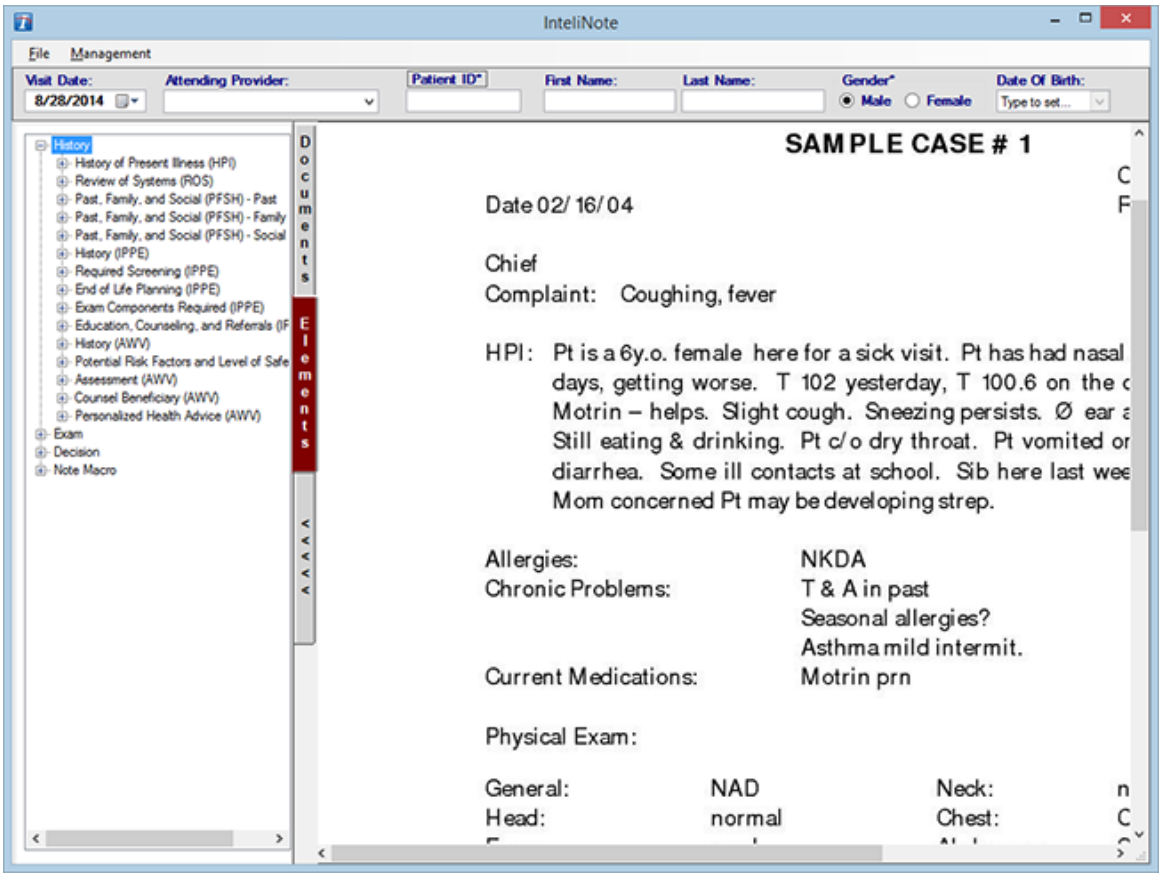

6. The name of the image or document is the name you originally gave it, to change this, you would type in a different name and then click Save.

7. You can set the Visit Date, Attending Provider, and Patient ID. If a patient already exists it will load in the First & Last Name, the Gender, and DOB. If the patient does not exist, you can put it in on the Patient Screen like normal or you can create the patient in the Patient Management Screen prior to opening InteliNote.

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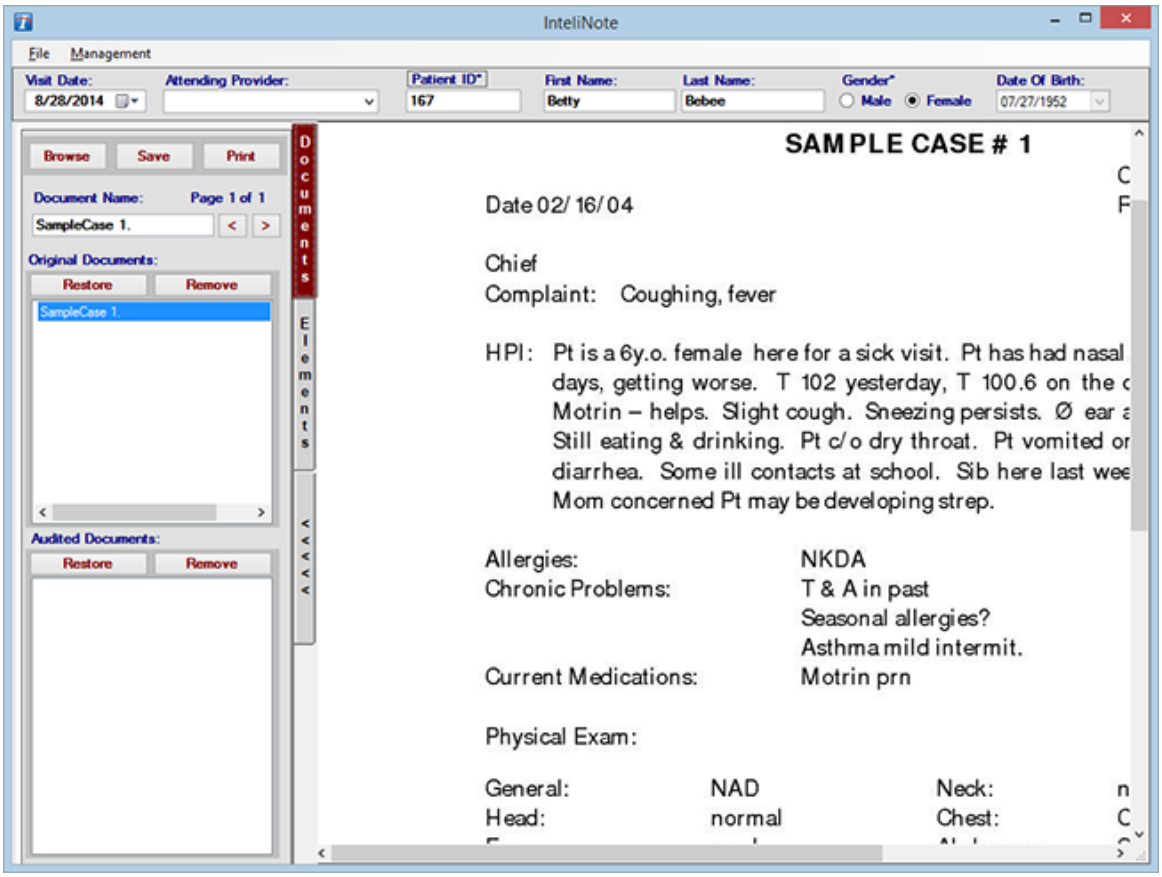

8. To add the elements you would like, click Elements and this will show a new tab that you can add boxes to the document of any element in Intelicode. This can include: History (Regular, IPPE, and AWV), Exam, Decision, and Note Macros.

    a. The elements are in a tree view and so you would click the '+' symbol next to the section you wish access to. Then continue to click the '+' symbol until you get to the element you wish to add.

9. After you select the element you wish to add you can move your mouse over to the image or document. You will notice that it becomes a pen. This means that you can draw a box now, if it shows a circle with a slash in the middle that means that you cannot draw a box with the element you selected.

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10. You would single-left click the starting place for your box then hold your mouse button and drag to where you want to end the box and let go of the mouse button. Now the box has been drawn. This box can be moved around, expanded in size, or shortened in size at any time.

    a. No boxes can overlap each other. If any box is overlapping then Intelicode will prompt you that no boxes can be overlapping. InteliNote will also put the box back to its last shape and size before it was in the overlapping state.

    b. To move a box you will see a cursor with four arrows, each one pointing in a different direction. This tells you that you can move the box.

    c. To resize the box, move your mouse to the lower right corner to get cursor that has two arrows pointing away from each other. This will allow you to resize it to the right and down. You can move your mouse to the top left corner to resize it to the left and up.

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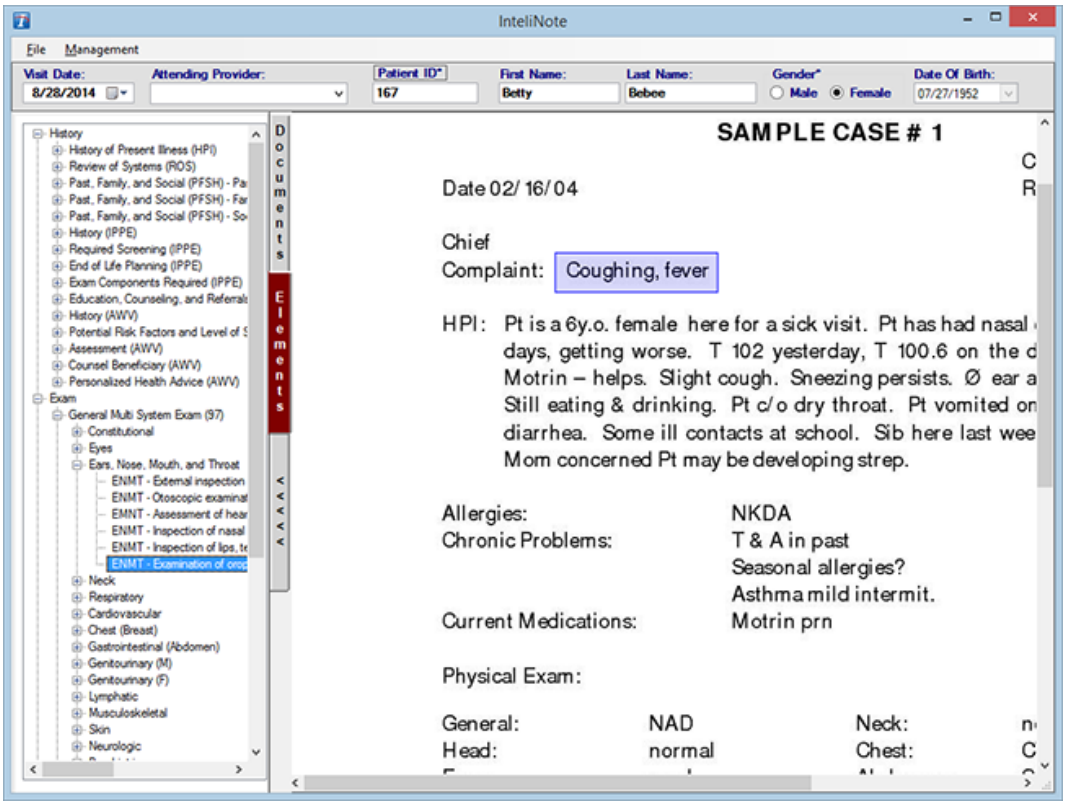

11. Once you have added an element, the Original Document will be in the Audited Document list with the element you selected. The Original Document stays there so you can reuse the document without elements at any time.

    a. You can remove any document or image from the Original Documents list by clicking the Remove button in the Original Documents sections. Restore will allow you to add any Original Document you have removed by clicking on the document or image in the box it brings up and then clicking Ok.

    b. The same described above can be done to the Audited Documents at any time as well. Remove will remove an Audited Document from the list and Restore will allow you to put an Audited Document back into that list.

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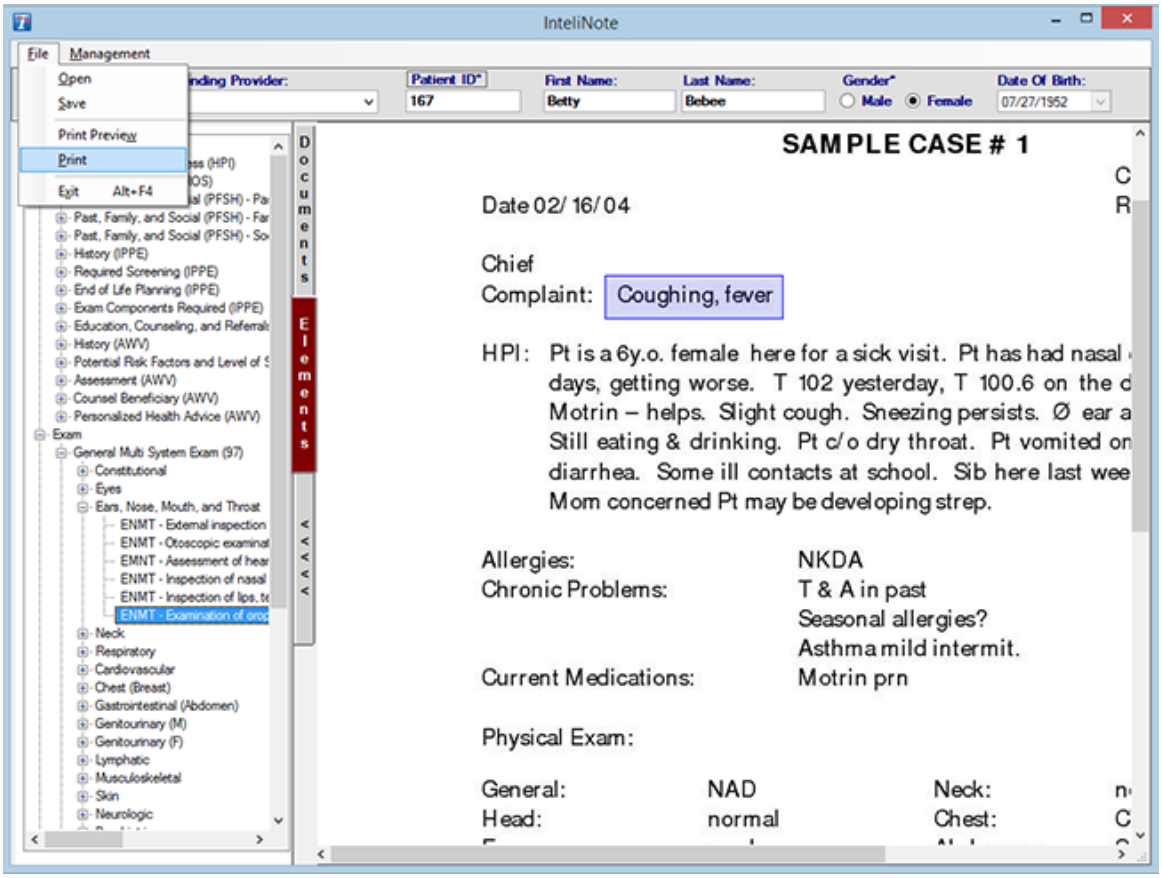
12. You can collapse the menu on the left by clicking on the Collapse button under the Documents and Elements buttons. This will allow you to see the image or document without the menu compressing the image.

13. You can print from the InteliNote by clicking Print and this will only print the image along with any elements selected. You can also print an Encounter Detail Report of the visit once you are finished with the visit or audit. This will print the visit and the attached image or document, along with elements, automatically for you. Finally you can print an Audit Summary with the image(s) or document(s) by selecting the Show Attached Documentation option under Report Options. This will show all visits along with any image or document attached to those visits along with the elements selected. The image or document will show under the visit it corresponds to.



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Sample Office
123 Anywhere Lane
Midwest, IN 46723

InteliNote Report

260-555-1212
260-555-1215

Patient ID:	Patient Name:	Gender:	DOB:	Visit Date:	Attending Provider:
167	Bebee, Betty	Female	7/27/1952	8/28/2014	

Attached Document - SampleCase 1. - Page 1

The Art of E & M Auditing™

SAMPLE CASE # 1

Cynthia Brown
Record # 254545

Date 02/ 16/ 04

Chief Complaint: Coughing, fever[1]

HPI: Pt is a 6y.o. female here for a sick visit. Pt has had nasal congestion for 4 – 5 days, getting worse. T 102 yesterday, T 100.6 on the day before. Getting Motrin – helps. Slight cough. Sneezing persists. Ø ear ache, Ø sore throat. Still eating & drinking. Pt c/ o dry throat. Pt vomited once on yesterday. Ø diarrhea. Some ill contacts at school. Sib here last week with strep throat. Mom concerned Pt may be developing strep.

Allergies: NKDA
Chronic Problems: T & A in past
Seasonal allergies?
Asthma mild intermit.
Current Medications: Motrin prn

Physical Exam:

General:	NAD	Neck:	normal
Head:	normal	Chest:	CTA Ø wheezes
Eyes:	perrl	Abdomen:	Soft
Nose:	Clear rhinorrhea	Skin:	No rashes
Mouth/ Throat:	normal	Lymph Nodes:	No nodes in neck

Assessment:
1) URI suspected
2) Asthma Mild Intermit.

Plan/ Referrals:
Supportive Care
Albuterol MDI – prn
Nebs – Prn
Renewed scripts

Medications:
Needs Aero chamber and teaching

Labs:
Urine Dip - Ph 6.0 Prot trace
Rapid Strep- Neg.

Instructions/ Patient Education:
Albuterol & chamber

John Smith M.D.

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11 Shortcuts

This page includes some tips and shortcuts that you might want to familiarize yourself with. Hopefully, these will help you to more quickly and efficiently accomplish your work.

1. **Quickly calculate a level of service:**

   a. If you simply want to calculate a level of service, you only need to enter **Patient ID**, **Patient Status**, **Gender**, and **Service Type** (This will not work with all levels of service as some levels require key components to be met prior to generating a level).

   b. When you get to the **End** screen, you simply click **Finish**, then click **Clear Visit Screens**.

2. **Keeping your offices updated:**

   a. Each time you enter a new **Note Macro**, **Provider**, or any other item that is found in the **Management** menu, simply select the new item or items.

   b. Click the **Send to Another Office** button, choose the office (s) that you wish to update.

   c. Click **OK**.

3. **A quicker way of getting into Intelicode:**

   a. Intelicode keeps track of the last user that was in the program. So when you open Intelicode and the **Login** window appears, if your **User Name** has no **Password**, simply press **Enter** and it will bring up the **Offices** window.

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b. Intelicode also keeps track of the last office that was used. If you wish to use the same office, simply press **Enter** again and you are in the program!

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12 Contact Us

Still need additional help? Interested in purchasing Intelicode but don't know how? The following sections will assist you. Please choose the appropriate section and it will give you information on who to contact and how to contact us along with hours of operation.

Thank you for your interest in Intelicode!

12.1 Corporate Headquarters

We are committed to providing not only the #1 auditing software, but excellent customer service and support to go along with it!

Address:	Technology Solutions, Inc. P.O. Box 758 Waterloo, Indiana 46793 United States of America
Telephone:	800-786-4231 260-837-8200
FAX:	260-837-9090
Web Address:	http://intelicode.com/
Office Hours:	Monday to Friday 9am to 5pm Eastern Time

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12.2 Sales

Contact us for information about the latest products and

services.

Telephone:	800-786-4231
FAX:	260-837-9090
Web Address:	http://intelicode.com/products
Email:	sales@intelicode.com
Office Hours:	Monday to Friday 9am to 5pm Eastern Time

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12.3 Technical Support

Your subscription includes toll-free support on our product during office hours. You may contact us via telephone, email, or web. Please have the following information available to help us to better serve your needs:

1. Determine your operating system version.
2. Find the version of Intelicode by clicking on the **Help** menu at the top of the screen. Then, click on the **About Intelicode** option.

Having these pieces of information available will help our support team to better diagnose any problem that you may be experiencing.

Telephone:	800-786-4231
FAX:	260-837-9090
Web Address:	http://intelicode.com/support

Email:	support@intelicode.com
Office Hours:	Monday to Friday 9am to 5pm Eastern Time

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Thank you for reading the Intelicode User Manual